

WASHINGTON TOWNSHIP SCHOOL DISTRICT

HEALTH RECORD SHEET (A) ENVIRONMENTAL EDUCATION PROGRAM

(This information will be very helpful to us in providing the best conditions for your child)

Name of Child _____ Address _____ Age _____

Name of Parents _____ Telephone Numbers _____

Business Address _____ Telephone _____

Family Doctor _____ Telephone _____

Emergency person(s) if parents cannot be reached _____

Address of emergency person(s) _____ Telephone Numbers _____

GENERAL INFORMATION NECESSARY

1. A current immunization sheet must be forwarded to the Health Office prior to the Stokes trip. (If not done so already this school year.)
2. Any food allergy? _____ If yes, what _____
3. Is your child allergic to any of the following drugs?
Sulfa _____ Penicillin _____ Aspirin _____ Other _____
4. Has your child been exposed to any communicable disease within the past 21 days? _____
5. Do you know of any health factor that limits physical activity? _____
Recent surgery or illness _____
Bones recently broken _____
Weak ankles or arches _____
Other physical condition _____
6. In order to protect your child from possible embarrassment, this information is needed:

Does your child wet the bed at night _____

Does your child walk in his sleep _____

Any other factor which may affect the care of your child that we should know

7. Nervous habits? (State what they are) _____
8. Any particular fears _____
9. If your child takes regular medication (**prescription OR over the counter**), please put it in a bag and label for the nurse. MEDICATION MUST BE IN CONTAINER WITH ORIGINAL PRESCRIPTION FROM DRUG STORE. WE MUST ALSO HAVE THE DOCTOR'S MEDICAL ORDER SIGNED AND A SIGNED WRITTEN STATEMENT FROM YOU GRANTING THE NURSE PERMISSION TO DISPENSE THE MEDICINE ON THIS TRIP (see pages 13 & 14).
10. Is your child allergic to insect bites? Yes _____ No _____
If yes, please list procedure to be followed if bitten.
11. It is necessary that the school authorities know your child's condition. If you have any doubt that your child is not in good health, have (him / her) checked by your family doctor and forward the report to the school.

PLEASE COMPLETE THE ABOVE INFORMATION AND RETURN IT TO YOUR CHILD'S TEACHER IN A SEALED ENVELOPE TO AVOID ANY EMBARRASSMENT. THANK YOU.

My child will _____ will **NOT** _____ require medicine during this trip. **See Health Record B

Parent Signature: _____