

HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: _____ Sex _____ Age _____

Date of Birth ___/___/___

Present Address:

Street City State Zip

Parents or Legal Guardians: _____ Home Telephone: _____

Cell Phone#: _____ Business Telephone: _____

Health Insurance Co.: _____ Policy Number: _____

Health Ins. Tel. # _____

Please check medication your child can receive:

Acetaminophen (Tylenol) _____

Ibuprofen (Advil) _____

Throat Lozenges/cough drops _____

Antacids (Tums) _____

Lotions, Creams, ointments _____

Diphenhydramine (Benadryl) _____

Medical History of Student:

Please list any known medical issues:

Surgeries and date:

Emotional problem (i.e. hyperventilation, hysteria):

Tetanus (last injection date): _____

Allergies to drugs: _____

Allergies to foods & other agents:

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know.

