

# EXCURSIONS IN LEARNING HEALTH & SAFETY FORM 2019

(To be completed by the student's parent or guardian)

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)  
Mother's/Guardian's Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_  
Father's/Guardian's Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

## STUDENT HEALTH INFORMATION

Please list and explain any allergies your child has: \_\_\_\_\_

Any health conditions: \_\_\_\_\_

Please list all medications your child takes: \_\_\_\_\_

(If EpiPen, Benadryl®, inhaler or other medications may need to be administered during the Excursions program, please ask your child's pediatrician for a signed medical authorization form and submit to Linda Armstrong, the Excursion's Coordinator.)

If your child receives any additional accommodations at their school, please explain: \_\_\_\_\_

Would you like the nurse to contact you before the program starts? (TAG Academy only) Yes  No

Date of last medical exam: \_\_\_\_\_ Physician's name and practice: \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACTS

Additional Emergency Contact: (If we cannot reach the child's parents/guardians, who do we call next?)

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

## CONSENT FORM

In the unlikely event that reasonable attempts to contact the child's parents/guardians and emergency contacts have been unsuccessful, I hereby give my consent for the Excursions in Learning nurse to arrange for emergency transportation and/or care.

Parent/Guardian Printed Name

Signature

Date

## AUTHORIZED PICK-UP-IN ADDITION TO PARENTS

Who can pick up your child? (In addition to the parents/guardians listed above, what other adults are authorized to pick up your child from Excursions in Learning?) These adults must show a photo ID to pick up your child.

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

## PHOTO RELEASE

As part of our ongoing effort to promote the program, we may take photographs and video of children involved in learning activities. Do we have permission to photograph/film your child and place said photos/videos in advertisements, our catalog, our Facebook page and website? Names will not be used.

Yes  No

Parent/Guardian Printed Name

Signature

Date