

Southwest Band and Orchestra Hawaii Trip Health Form

Required for all travelers. Please bring/send this form to school.

Traveler's Name: _____

Parent's Names (if student is traveling): _____

Address: _____

Phone (home, work & cell): _____

Please check all that apply:

_____ Heart defect/disease

_____ Epilepsy/seizure disorder

_____ Diabetes

_____ Asthma/other respiratory conditions

_____ Frequent infections

_____ Other diseases/disabilities/surgery

Please describe conditions and give dates:

Are all immunizations current? ___yes___no.

Date of last tetanus_____.

Does your child wear glasses? ___yes___no.

Contact lenses? ____y___n.

Allergies: ___Medications ___Insect bites
___Hayfever ___other Please describe allergen and reaction:

Does your child require frequent doctor visits?
___y___n. Will he/she require special care or consideration while on this trip? ___y___n.

Please describe:

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Are prescription medicines required daily or frequently? ___y___n. Please name them:

Is your child reliable in taking his/her medication without supervision? ___y___n.

Can your child take his/her own medication while on this trip? ___y___n.

Do you prefer that a sponsor administer his/her medication? ___y___n.

Do you give permission for your child to receive emergency medical aid if we are unable to reach you by phone? ___y___n.

Permission is given to receive emergency care for:

Student_____

Parent signature_____

Insurance Company_____

Policy #_____

Family Physician_____

Physicians Phone #_____

Parent(s) Work Phone_____

Parents(s) Home Phone_____

Emergency Name and number:
if Parent(s) cannot be reached

Date Signed_____.

**PLEASE ATTACH A
PHOTOCOPY OF YOUR
INSURANCE CARD
(FRONT/BACK) WHEN
SUBMITTING THIS FORM!!!**