Auburn Enlarged City School District Field Trip Required - Health Information Update

(May be updated every 50 days)

Grade	_	
Trade	_	

					Teacher					
Students N	idents Name DOB									
Address				Pho	ne#	(1st to	call)			
Physician N	hysician Name Dentist Name									
				n can be viewed in school to this information please						If there
emergency fo ambulance, re necessary car This form wil	r the health o escue service, e. I be utilized fo n department	f my ch family or the c , and H	ild. I physi urren	the Auburn School District to r give my permission to the scho cian on record or other physic t school year. The information Services. It will also be availab	ool offician if m	cial in ny own	charge to obtain the son is not available, to produce the desired the son characteristics of the control of the	ervices ovide i istructi	of the mmed	nearest late and taff, the
Date	Sig	natur	e of F	Parent / Guardian						
Does	child have:	Yes	No		Yes	No		Yes	No	
Allerg				Seizure Disorder			Asthma			
	ing Allergy			Diabetes			Hearing Disorder			
	ion Deficit			Bladder/bowel problems			Vision Disorder			
	ADHD)			Skin rash / eczema			Glasses / contacts			
Medic				Headaches / Injury			Heart Murmur			
Stoma	ch aches			Ear Infections			Other:			
	n bones			Tubes in ears						
If you answ	ered yes to	any o	f the	above, please explain:						
Surgery	·			Accident / I	njury_		r			
Medication	(name, dos	e, fred	quen	cy, Physician, reason for t	aking])				
										-
If any of the as possible.	above inform	nation	chan	ges during the course of the	schoo	ol yea	r, please notify the S	chool	Nurse	as soon

NYS Education Law requires school districts to have on file signed instructions for emergencies from parents / guardians.