

Escuela del Sol Outdoor Treks  
Medical Information

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies/ Medications

Is your child allergic to or have any adverse reaction to the following?

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	
		Plants	
		Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.

If additional space is needed, please indicate on a separate sheet and attach.

Medication	Dose	Frequency	Reason

Administration of the above medication on the Trek is approved for student by:

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Parent/guardian signature

**(Please see page two.)**

Student Name: \_\_\_\_\_

We bring non-drowsy allergy medication and ibuprofen on our Outdoor Education Treks. Is the administration of non-prescription medication authorized?

YES

NO

Exceptions? \_\_\_\_\_

Other

Please list any additional information regarding your child or your child's needs. Is there anything we should know before taking your child on a Trek? Does he/she have previous hiking or camping experience? For overnight Treks, has your child been on an overnight away from home/parents?

**DO NOT WRITE IN THIS BOX**

(For teacher review only)

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:      YES      NO

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_