

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*	
		Other	

*Please note if your child has never been stung by a bee.

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:

Parent/guardian signature

Printed name of parent/guardian

Student Name: _____

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

YES NO

Exceptions or notes? _____

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? Do they 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: _____