

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
Champaign, Illinois

(Attachment #2)

MEDICAL INFORMATION FORM

This information will be in the possession of the Tour Director. Should the need arise; this information will be given to the proper medical authorities.

STUDENT NAME: _____

ADDRESS: _____
(Street) (City) (State and Zip Code)

EMERGENCY PHONE NUMBERS:

Father's Name _____ Day _____
(First) (Last) Phone No.

Cell Phone No. _____ Evening _____
Phone No.

Mother's Name: _____ Day _____
(First) (Last) Phone No

Cell Phone No. _____ Evening _____
Phone No.

EMERGENCY CONTACT:

Name: _____ Phone: _____
(First) (Last) Day Evening

Cell Phone No. _____

STUDENT'S CURRENT PHYSICIAN: _____ Phone _____
(Name)

EMERGENCY MEDICAL INFORMATION

Please list any medical conditions we should be aware of (i.e., asthmatic, diabetic, seizure, etc.)

Please list any allergies or allergic reactions to medication: _____

Please list any medications the above student is now taking: _____

Yes No Will the above student need to take this medication while on the trip?
(Note: It is required that the student carry his/her medication in an original prescription container.)

Date of most recent tetanus shot: _____

Other possibly pertinent medical information: _____