

# Field Trip Appendix

## Medical Form

### GENERAL INFORMATION

NAME OF STUDENT: \_\_\_\_\_

SEX \_\_\_\_F \_\_\_\_M AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Yukon Medical Insurance Number: \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History

It is important that the history be as complete and as accurate as possible. Students should check off both previous and current medical problems including all previous surgery as well as any significant injuries, i.e. fractures, etc.

#### Record of Illness

EPILEPSY \_\_\_\_\_  
DIABETES \_\_\_\_\_  
INFECTIOUS MONONUCLEOSIS \_\_\_\_\_  
ASTHMA \_\_\_\_\_  
THYROID DISORDER \_\_\_\_\_  
KIDNEY DISEASE \_\_\_\_\_  
SKIN DISEASE \_\_\_\_\_  
BLEEDING \_\_\_\_\_  
HEART PROBLEM \_\_\_\_\_  
FEMALE ONLY  
    MENSTRUAL PROBLEMS \_\_\_\_\_  
    BREAST PROBLEMS \_\_\_\_\_  
MALES ONLY  
    HERNIA \_\_\_\_\_

#### Muscular/Skeletal Problems

CONCUSSION \_\_\_\_\_  
NECK INJURY PROBLEM \_\_\_\_\_  
BACK INJURY PROBLEM \_\_\_\_\_  
CAST \_\_\_\_\_  
DISLOCATED JOINT \_\_\_\_\_  
SPRAIN \_\_\_\_\_  
KNEE INJURY \_\_\_\_\_  
SHOULDER INJURY \_\_\_\_\_  
TENDINITIS \_\_\_\_\_  
METAL PLATE, SCREW,  
PIN IN THE BODY? \_\_\_\_\_  
IF SO, WHERE? \_\_\_\_\_  
BRACE/ SUPPORT REQD? \_\_\_\_\_  
IF SO, WHERE? \_\_\_\_\_

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### RECORD OF ILLNESS

#### VISION

Do you have equal vision in both eyes? \_\_\_\_\_ Do you wear glasses? \_\_\_\_\_  
Contacts? \_\_\_\_\_

**ALLERGIES:** (list symptoms of all drug sensitivities as well as environmental agents)

#### CURRENT MEDICATIONS (list all medications you presently use)

DOSAGE	FREQUENCY	PRESCRIPTION	CONDITIONS

#### SIGNIFICANT FAMILY MEDICAL HISTORY

#### SIGNATURE OF PARENT/LEGAL GUARDIAN

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