

**FIELD TRIP EMERGENCY MEDICAL INFORMATION
for Extended Trips**

Student Name: _____ Birth Date: _____

MB Health Registration No. (6-digits): _____ MB PHIN (9-digits): _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above?

Carries Epipen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1 _____ Phone: (H) _____ (W) _____ (C) _____

2 _____ Phone: (H) _____ (W) _____ (C) _____