

Hanover High School School
Hanover, NH

Confidential Health Information for School Trips

Student's Name: _____

Has your child had any recent illness or injury or any current health problem of which we should be aware: asthma, nosebleeds, fracture. If so, please explain:

Is your child taking any medication? _____ If yes, please explain:

Should the need arise on this trip, do we have permission to administer:

Advil ___ yes ___ no **Tylenol** ___ yes ___ no **Benadryl** ___ yes ___ no

Date of last tetanus-diphtheria booster: _____

Child's doctor: _____ phone: _____

Health insurance carrier: _____

Policy number(s): _____

Policy Holder: _____

please complete reverse side

Emergency Contact Information

Mother's name: _____ home phone: _____

address: _____ work phone: _____

email address: _____ cell phone: _____

Father's name: _____ home phone: _____

address: _____ work phone: _____

email address: _____ cell phone: _____

Please list three emergency contacts who may know how to reach you if we are unable to:

Name: _____ phone: _____

Name: _____ phone: _____

Name: _____ phone: _____

Parent / guardian signature: _____

Date: _____