

DIOCESE OF CHARLOTTE
OVERNIGHT FIELD TRIP
INFORMATION SHEET

CCHS

SCHOOL: _____ Field trip location and date: NYC Nov 6-19, 2019

Student's Name _____ DOB: _____ Weight: _____

Address _____

Mother's Name: _____ home phone: _____ work/mobile: _____

Father's Name: _____ home phone: _____ work/mobile: _____

Emergency Contacts: Please list 2 people that we may call in the event that the above person cannot reached.

_____ relationship: _____ phone: _____

_____ relationship: _____ phone: _____

Family Physician: _____ phone: _____

Family Dentist: _____ phone: _____

Please answer the following questions and comment if necessary:

1. Does your child have any current physical disabilities? No Yes _____

2. Does your child have any allergies? No Yes _____

3. Has your child been exposed to any communicable diseases in the past 3 weeks? No Yes _____

4. Has your child had any serious operations or injuries? No Yes _____

5. Does your child walk while asleep? No Yes _____

6. What was the date of your child's last tetanus shot? _____

7. Please list any recommendations or suggestions you think would help us understand your child.

8. During the field trip, the following medications will be provided. Please indicate which of these medications your child is permitted to take.

Medication	Dose
_____ Tylenol as needed by mouth	dosage according to package instructions
_____ Ibuprofen as needed by mouth	dosage according to package instructions
_____ Benadryl as needed by mouth for allergic reactions	dosage according to package instructions

Parent/Guardian's/Signature: _____ Date: _____

Physician Signature: _____ Date: _____

(Physician signature not required if a MACS Medication form signed and on file in the health room)

If your child will need any other medications, please list them on the reverse side and provide them to the school at least 2 days before the trip in their original, properly labeled container.