

This information is requested to assist in the evaluation and treatment of the **chaperone**

All information is considered confidential. It is important to list **ALL medical** information that may impact your care in an emergency.

Legal name _____ Known as _____

Date of birth _____ Home Phone (____) _____

Home Address: _____ City, State, Zip _____

Emergency Contact #1: _____ Home Phone (____) _____

Cell (____) _____ Work Phone (____) _____ Email address _____

Emergency Contact #2: _____ Home Phone (____) _____

Cell (____) _____ Work Phone (____) _____ Email address _____

List at least one additional emergency contact: Name _____ Relationship _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Physician's name _____ Phone # (____) _____

List any allergies and chronic illnesses _____

Over-the-counter and prescription medications taking on the trip _____

Additional notes (ie, vegetarian...) _____

Chaperone's as well as students must have proof of medical insurance in order to participate in the field trip.
Please attach a photocopy of both sides of any cards from medical insurance programs.

Trip Destination _____

Shorecrest High School

15343 25th Ave NE, Shoreline, WA 98155
Phone: (206) 393-4286 FAX: (206) 393-4284



Emergency Contact & Medical Information – Extended Field Trip

All information on this form is considered confidential. It is extremely important to provide **ALL medical** information that may impact the care for your student in an emergency.

Legal name of student _____ Known as _____ Date of birth _____

Full name(s) of all parent(s) or guardian(s)

Home address(es) _____

City, State, Zip _____

Home Phone () _____ Father's work () _____ Father's cell () _____

Mother's work () _____ Mother's cell () _____ Email address(es) _____

List at least one additional emergency contact: Name _____ Relationship _____

Home Phone () _____ Work () _____ Cell () _____

Physician's name _____ Phone # () _____

List any allergies and chronic illnesses _____

Over-the-counter and prescription medications taking on the trip _____

Additional notes (ie, vegetarian...) _____

- ✓ Please attach a photocopy of both sides of any cards from medical insurance programs under which this student is covered.
- ✓ Students may not participate in extended field trips without proof of current health insurance.
- ✓ Please contact Shorecrest nurse, (206) 393-4308, if you need information or assistance

I certify the above information is complete and correct.

Parent signature

Parent printed name

Date