

**Center Drive School**  
**2021 Maine Studies Health and Insurance Form**

**Please fill this out in its entirety even if you plan to be on the trip!**

Student \_\_\_\_\_  
  First  Last

Name of Health/Medical Insurance Co. \_\_\_\_\_

Company Address \_\_\_\_\_

Policy / Certificate # \_\_\_\_\_

Group # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name & Phone # of Student's Doctor \_\_\_\_\_

Name & Phone # of Student's Dentist \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Even if you are Attending,** please list the emergency contact information below:

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name & Phone of a second adult to contact in case of an emergency:

\_\_\_\_\_

I hereby give my authorization for \_\_\_\_\_

(Child's Full Name)

to receive emergency medical treatment in my absence.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

# Center Drive School

## 2021 Maine Studies Health and Insurance Form

### HEALTH HISTORY AND MEDICAL FORM

**List Known Student Allergies Below:** (If the student has an allergy please make sure Epinephrine, inhalers, and other medications needed are up to date)

Allergen (Medicine or Environmental)	Describe their reaction to that allergen

**Other Health Concerns:** (Please note any other health conditions or information we should know before taking your child on this trip)

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**\*\*During outside-of-school activities a non-medically licensed staff member will be administering medications. Because of this, we discourage the administration of medications during such activities unless absolutely medically necessary. We will not administer medications unless they are noted below.**

**Please fill out the Following**

**Students' weight in lbs** \_\_\_\_\_

**YES/NO** (Circle one) I permit my child to be allowed to take Tylenol while on our trip.

**YES/NO** (Circle one) I permit my child to be allowed to take Ibuprofen while on our trip.

**YES/NO** (Circle one) I permit my child to be allowed to take Benadryl while on our trip.

All student medicine on the trip must be accounted for through the school nurse and must have a medication permission form (signed by the student's physician) and only the supply of medication needed for the duration of the field trip will be needed in the original medication container. The permission form is only needed for prescription medications that are not currently given at school. Medications must be delivered to school no later than the medicine deadline date and must be delivered by a parent/guardian. **DO NOT SEND MEDICATION IN UNLABELED CONTAINERS OR PLASTIC BAGGIES.**

**If it is medically necessary to give students medicine on the trip, COMPLETE THE FOLLOWING**

Name of Medicine	Dose to be Given	Time/Times to be Given	Reason for Medication

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