



FRISCO INDEPENDENT SCHOOL DISTRICT
School Health Services

STUDENT HEALTH INFORMATION FOR FIELD TRIPS

Student Name _____ Sex M F Birthdate _____
 Address _____ Grade _____
 Parents/Guardians _____ / _____ Phone _____
 _____ (Father) _____ (Mother) _____ (Home)
 Cell phone (Dad) _____ (Mom) _____ Pager _____
 Doctor's Name _____ Phone _____

PHYSICAL HISTORY

_____ Accident	_____ Handicap	_____ Seizures
_____ Surgery (Recent)	_____ Recent Hospitalization	_____ Allergies
_____ Illness (serious)	_____ Asthma	_____ Other

Please explain any "yes" answers _____

Does this student take any medication regularly? Explain: _____

I request that Frisco ISD personnel administer the following medications to my child while on the field trip. All medications must be in the original container and must be properly labeled.

Medication Name: _____

Dosage and time of administration: _____

Condition for which drug is to be given: _____

Medication Name: _____

Dosage and time of administration: _____

Condition for which drug is to be given: _____

Medication Name: _____

Dosage and time of administration: _____

Condition for which drug is to be given: _____

I do hereby release the Frisco ISD; its agents, servants, employees and medical advisors from any and all liability in connection with the administration of this medication.

Parent/Guardian Signature _____ **Date** _____