# EDEN HIGH SCHOOL
# NEW YORK CITY TRIP
## Health Information Form

Complete the following (please print):

1. Student Name: _____
2. Student email: _____
3. Parent/Guardian email: _____
4. Name of Parent/Guardian: _____
5. Home Phone Number: _____
6. Business/Other Emergency Contact Phone #: _____
7. Health Card Number: _____
8. Family Doctor & Phone #: _____
9. Out-of-province extended health coverage:
   (only required if NOT purchasing the insurance package)

   Please fill in ALL data that applies in the lines below. Each insurer has different names for their plan numbers. Please give applicable numbers in order to secure medical treatment .

   a. Insurance Company _____
   b. Insurance Emergency Medical Phone: _____
   c. Policy Number(s)_____
      _____

10. Are there any medical problems/conditions of which we should be aware? (Check one)

    a. ❑ No (do not complete #11 - Medical Data)
    b. ❑ Yes (please complete #11 - Medical Data)

11. Medical Data (to be completed only if there are problems or concerns)

    a. Does the student have a chronic illness (e.g. diabetes, epilepsy, cerebral palsy, etc.)? If yes, state particulars.

    b. Name medication and dosage: _____

    c. Will the student carry an adequate supply? ❑ Yes ❑ No

    d. Does the student have any allergies? ❑ Yes ❑ No

       If yes, please be specific (especially medicines):

    e. Does the student require a special diet for medical reasons?
       ❑ Yes ❑ No
       If yes, specify

    f. Physical handicaps?
       ❑ Yes ❑ No
       If yes specify

    g. Is the student dependent on eye glasses or contact lenses for normal activities?
       ❑ Yes ❑ No
       If yes, describe:

    h. Check any boxes that apply if the student suffers from any of the following. If yes to any, specify medications taken after each item.

       ❑ Migraine Headaches
       ❑ Fainting spells
       ❑ Ear, nose, throat infections
       ❑ Urinary infections
       ❑ Skin conditions
       ❑ Digestive upsets
       ❑ Bowel Problems
       ❑ Blood Condition

       If there any other medical problems not mentioned above, please describe particulars.