



Wylie Independent School District
Adventure Camp Medical/Emergency Information

Student Name _____

Emergency contacts during hours of this trip:

Name _____ Relation _____ Phone _____ Cell _____
Name _____ Relation _____ Phone _____ Cell _____

Primary Physician _____ Phone _____
Insurance Carrier _____ Policy # _____

My child is allergic to: _____

Does your child have any allergies requiring an Epi-Pen? YES _____ NO _____
Does your child have an inhaler prescribed for asthma? YES _____ NO _____

IF YOU ANSWER YES TO EITHER OF THE ABOVE QUESTIONS YOU MUST PROVIDE THE NURSE WITH THOSE MEDICATIONS PRIOR TO THE DAY OF THE TRIP

Will your child need to take a daily prescription medication during the trip? YES _____ NO _____

Name of medication(s) _____
Reason for taking _____

Over-the-counter medications (such as Tylenol, Motrin or cough drops) will only be given if:

- Requested in writing by the parent/guardian, and
- Medication is provided by the parent in an unopened, properly labeled, original container

A WISD MEDICATION ADMINISTRATION FORM MUST BE FILLED OUT FOR EACH MEDICATION BEING SENT ON THE TRIP.

ALL MEDICATIONS WILL BE IN THE POSSESSION OF THE NURSE DURING THE TRIP.

If there are any other medical issues/concerns you would like the nurse to be aware of please provide details:

In my absence and if I cannot be reached in the event of an emergency, I being the parent/guardian of the above minor do hereby give permission for any emergency medical, dental or surgical care to be given. I assume all responsibility for this designation and hold the school district harmless from any liability that may result from this designation.

Parent/Guardian Signature _____ Date _____