MEDICAL INFORMATION **SCHOOL NAME: _____**

Parent/Legal Guardian must complete this section. This information will be provided to the attending physician in the event of a medical emergency and will accompany the Education in Action employee assigned to your program.

Student's First Name _____ Last Name _____

Date of Birth _____ Age _____

Parent/Legal Guardian _____ Phone # _____

Emergency Contact _____ Relationship to student _____
(Someone other than at home address)

Emergency Contact's Day Phone # (_____)_____ Night Phone # (_____)_____

Insurance Company _____ Phone # (_____)_____

Street Address _____

City _____ State _____ Zip _____

Name of Subscriber _____ Group or ID # _____

Student's Physician ____ _____ Physician's Phone # (_____)_____

Physician's Street Address _____

City _____ State _____ Zip _____

Please check any of the following conditions that apply to the student:

❒ Allergies ❒ Asthma ❒ Hypoglycemia
❒ Diabetes ❒ Seizure Disorder ❒ Reactions to any medications
❒ Recent illnesses ❒ Presently taking medication ❒ Other _____

Please provide a detailed description of any conditions you noted above or any other conditions of which we should be aware, including special dietary needs and descriptions of any treatment and/or medications you may require. Please attach an additional sheet if necessary. _____
_____
_____

Date of last Tetanus Booster ____/____/____

Does the condition of your health require that special arrangements be made? Do you need assistance or special medication in order to be totally mobile or independent? Please indicate below so that we are able to assist in the coordination of any special arrangements that may be helpful. If you answer "Yes" to any of the items below, please use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Disabilities	No	Yes	Assistance Needed _____
Psychological Problems	No	Yes	Assistance Needed _____
Hearing Impairment	No	Yes	Assistance Needed _____
Vision Impairment	No	Yes	Assistance Needed _____

Is there any other reason why the participant would need special assistance, facilities or arrangements? If so, please specify. Please attach an additional sheet if necessary.
Yes or No. Special needs _____

Education in Action encourages participation by physically challenged students. To help us best accommodate these students, coordinating teacher needs to call Education in Action for more information and to discuss particular needs before the school attends the scheduled program.

Please sign release form on back.

SCHOOL NAME: _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____, the parent/legal guardian of _____, do hereby request, authorize, and give permission to Education in Action, or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency or other medical treatment, including hospitalization, during Education in Action's Experiential Learning Day Program. I understand that in the event that my son/daughter complains of being ill, or is injured during Education in Action's Discover Texas Field Trip, he/she will be taken to a hospital emergency room and examined by an emergency room physician. If the physician determines that my son/daughter does not require hospitalization but should not continue as a program participant, at the written direction of the physician, my son/daughter will be supervised on the bus or picked up by his/her parent/legal guardian. I expressly stipulate and agree that I will be solely responsible for all expenses incurred and will release and hold harmless Education in Action, its officers, directors, employees, administrators, agents, successors and assigns from all claims, demands, damages, actions, or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to Education in Action's actions pursuant to this authorization.

_____ _____

Signature of Parent or Legal Guardian **Date**