

BHS Music Dept. 2024 Trip Medical Form

Name		Birth Date		
Last	First	Middle	Month / Day / Year	
Home Address	Street Address	City	Province	Postal Code
Male Female _		Other (please specify)		
Custodial parent/guard	stodial parent/guardian Hoi		Work Pho	one
			Cell Phone	
Home Address	Street Address	City	Province	Postal Code
Second parent or guar	dian	Home Phone	Work Phone Cell Phone	
Home Address	Street Address	C'h.	Drovinse	Dootol Code
		City	Province	Postal Code
If not available, in the	-		Mada Dhan	_
		Home Phone		
Relationship				9
Name		Home Phone	Work Phone	9
Relationship			Cell Phone	e
NB HEALTH CARD				
Health Number		Exp		
ALLERGIES – List All	Known	Describe reaction and ma	nagement of the re	eaction
Medication Allergies –	list			
Food Allergies – list				
Other Allergies				
_				
Insect Stings				
Other				

(OVER>>>)



MEDICATIONS BEING TAKEN

time on trip.	the counter of nonprescription	r drugs) taken routinely and bring enough medication to last the e	mu
This person takes NO medica	tion on a routine basis.		
This person takes medications	s as follows:		
Med # 1	Dosage	Specific times taken each day	
Reason for taking			
Med # 2	Dosage	Specific times taken each day	
Reason for taking			
Med # 3	Dosage	Specific times taken each day	
Reason for taking			
Med # 4	Dosage	Specific times taken each day	
Reason for taking			
RESTRICTIONS Dietary			
		Does not eat eggs Does not eat poult	У
Comments on dietary restrictions			
Parent Signature: Parent (PRINTED NAME):			
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***PLEASE FEEL FREE TO ATTACH LISTS OF MEDICATIONS, INDIVIDUALLY

PURCHASED INSURANCE, OR ANY OTHER SPECIAL INSTRUCTIONS ON A SEPARATE

SHEET IF NECESSARY. ***

***MEDICAL FORM INFORMATION IS CONFIDENTIAL AND ONLY SHARED WITH CHAPERONES. FORMS ARE SHREDDED AFTER THE TRIP. ***