



Participant's Name: _____

Blood-Type: _____

Trip To: _____

HEALTH RECORD

To be completed by parent /legal guardian. All information will be held in the strictest confidence. Before departure the supervising teachers will discuss with the school nurse all medical information on this form.

1. Please tick any dietary restrictions:
Vegetarian No eggs No pork No wheat Other (specify) _____

2. Please tick any boxes that relate to any medical problems your child has at this time.

Allergic to Peanuts	Allergic to Bee Stings	Allergic to any medications (Please List)
Asthma	ADHD/ADD	Seizures
High Blood Pressure	Sleep Walks	Other

Please explain the details of any box you ticked . Add a page or call the trip leader to supply any additional information.

3. Is this child taking any medication on a regular basis? Yes No

If yes, please describe: _____

4. Is this student taking any medication on a demand basis? Yes No

If yes, please describe: _____

5. I give the trip leaders permission to give my child the following medications at the reasonable request of my child.

Tylenol/Panadol	Throat lozenges	Cough medicine	Diarrhea Medication (Specify) _____
Tummy upset medicine (Specify kind) _____			Other _____

6. List below and put into a **LABLED** zip-lock bag all medications your child will bring on the trip. Give the bag to the trip lead teacher.

Medical Problem	Name of Medication	Dosage	Quantity taken on trip

7. Please note any other medical condition that should be brought to the attention of the trip leaders.

Child's HK Doctor: _____ Tel: _____ Fax: _____

Mobile: _____ E-mail: _____

Preferred HK Hospital: _____ Tel: _____

Agreement and Release for my child (Child's full name on Passport): _____

Travel invariably has its hazards, especially in countries where standards of health care, sanitation, public safety and similar situations differ from those in the home country. **I am the parent/legal guardian of the student named above. I authorize RAMCC lead teachers for this trip to make emergency medical decisions on behalf of my child.**

Please Print Name of Parent / Legal Guardian: _____ Date: _____

Signature of Parent / Legal Guardian: _____ Emergency Contact #: _____