



TRITON ARTS

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HEALTH FORM

Student name: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Father

Mother

Emergency Contact: _____

Name

Telephone

Does student have school health insurance? Yes ___ No ___ Type _____

Parent/Guardian Insurance _____

Policy Number _____

Medical History (health conditions, allergies, etc.)

Date of last tetanus booster _____

Chaperone may or may not dispense the following medication to your child:

Tylenol	Yes _____	No _____
Ibuprofen	Yes _____	No _____
Antacid	Yes _____	No _____

Prescription medications: Please list any prescription medications that your child will need on this trip. Please indicate if your child can self-administer the medication or if you would like the medication to be administered by a staff member.

My child can self-administer the above medication(s) and may keep them in his/her room.
(does not apply to psychotropic or controlled substances) YES _____ NO _____

I would like the above medication(s) to be administered by a staff member. YES _____ NO _____

The school has my permission to call my family physician or another physician in an emergency when the family physician or I cannot be reached.

Family Physician _____ Phone _____

Alternate Physician _____ Phone _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event that an emergency should arise on a group trip I, as parent an/or legal guardian of _____ authorize any medical treatment by a physician or surgeon attached to the staff of an accredited hospital if such treatment shall be deemed necessary.

Parent's initial _____

CAUTION

By law a parent cannot consent in advance to any and all manner of emergency care. It is understandable that in cases other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent's express permission to administer specific professional service.

Signature of Parent/Guardian _____

Date _____

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL