NAPERVILLE COMMUNITY SCHOOL DISTRICT 203 OUTDOOR EDUCATION HEALTH INFORMATION FORM

Facility to be attended:Lorado Taft Field CampusGeorge Williams College Dates attending: fromto	
George Williams College Date attending: from	
Date of birth	
(City) (State) (Zip) In case of emergency, please call	
(City) (State) (Zip) In case of emergency, please call	
(Street) (City) (State) (Zip) In case of emergency, please call	
(City) (State) (Zip) In case of emergency, please call	
In case of emergency, please call	
In case of emergency, please call	
(Name of parent/guardian) Father's work phone () Mother's work phone () Father's cell phone () Mother's cell phone () (Second alternate name/phone number if you cannot be reached) Our family physician is	
Father's work phone () Mother's work phone () Father's cell phone () Mother's cell phone () (Second alternate name/phone number if you cannot be reached) Our family physician is	
Father's cell phone () Mother's cell phone () (Second alternate name/phone number if you cannot be reached) Our family physician is	
(Second alternate name/phone number if you cannot be reached) Our family physician is	
Our family physician is	
Our family physician is	
(Name) (Phone)	
()	
Address	
(Street) (City) (Zip)	
The answers to these questions will be confidential. The purpose of these questions is to provide with health and safety information about your child.	our nurs
1. IMPORTANT - Please fill in date of last TETANUS BOOSTER	
2. Is your child presently under a doctor's care? Yes No	
3. Check pertinent medical information:	
4 Special diet Nightmares	
AsthmaSeizures	
Physical restrictions Drug allergies	
Sleep walking Food Allergies	
Bed wetting First time away from home (other than sleep	overe)
Other	overs)
If checked, please explain	
I, the undersigned parent or guardian of the above-named participant, consent to the attendance of	said
participant and do hereby release and discharge	
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