



FOUNDATION FOR ACADEMIC ENDEAVORS

HEALTH HISTORY AND MEDICAL RELEASE

The Authorization for Emergency Treatment must be signed by a parent/guardian.

Teen Volunteer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

HEALTH INSURANCE

Do you have insurance for your child? Yes No

Policy Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

CHILD'S HEALTH HISTORY

Allergies (food, drugs, bees), asthma, broken bones, ear infections, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OF MEDICATIONS

Includes prescription and over-the-counter. Please medications needed on field trip.

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

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**DIETARY RESTRICTIONS**

Describe special restrictions (medical, dietary, or activity) needed by your child:

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**AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

I hereby give permission to the medical personnel selected by a teacher or director to provide routine health care; to dispense authorized medications; to seek emergency medical treatment; to authorize X-rays, routine tests, and treatment; to release records necessary for insurance; and to provide or arrange necessary related transportation for my child. If I cannot be reached in an emergency, I hereby authorize the medical personnel selected by a teacher or director to secure and administer treatment, including hospitalization, for the child named above.

**AUTHORIZATION FOR FIELD TRIP ACTIVITIES**

I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for my child to participate in the Summer Academy field trip. My child has permission to engage in all field trip activities except as noted.

**SIGNATURE OF PARENT OR GUARDIAN**

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**Signature**

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**Date**

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**Print Name**