



**Center for American Archeology
Student Medical Form**

Name: _____ Date of Birth: _____

Address: _____ Year in School: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Name of Parent/Guardian: _____

Father's Place of Business: _____

Office Phone: _____

Cell Phone: _____

Mother's Place of Business: _____

Office Phone: _____

Cell Phone: _____

In the event of an emergency & a parent cannot be reached, who should be contacted?

Name: _____

Phone: _____

Student Information:

1) Does this student have any physical disability that we should know about? Yes No

Specify: _____

2) Does he/she have any allergies?

Food: Yes No Specify: _____

Pollen: Yes No Specify: _____

Meds: Yes No Specify: _____

Insects: Yes No Specify: _____

2a) If student is allergic to bee, wasp, or hornet stings, does he/she carry an EpiPen? Yes No

2b) Please specify other allergies below:

3) Is this student a vegetarian? Yes No

Can he/she eat milk or egg products? Yes No

Does he/she have any other food restrictions? Yes No

Specify: _____

If your child has significant food restrictions, it is important that you indicate what he/she will be able to eat for each meal while in residence. We must plan ahead for special needs—there is no grocery store

in town, and specialty items such as soy products, are in limited availability at local groceries. Please list the foods that your child can eat on the back of this form.

Medical Care:

Please be assured that all information will be kept strictly confidential unless in case of emergency. We ask for this information in order to ensure the well-being of your child while in residence.

4) Date of last tetanus shot: _____ (required for attendance)

5) Is he/she presently under a doctor's care? Yes No
Specify:

5a) Does he/she take daily medications? Yes No
Specify medication and daily dosage:

5b) Does medication(s) make he/she sensitive to:
sunlight heat certain foods other
Specify:

5c) Does medication (s) need to be taken with meals? Yes No
Specify:

5d) Does he/she need to be reminded to take his/her medication? Yes No

Should he/she forget to take medication, please provide specific information about what steps should be taken by CAA staff (e.g., may dosage be taken as soon as it's remembered? what symptoms should CAA staff look for?)

6) Tylenol or ibuprofen or aspirin (please circle one) may be given if needed.

7) Medical insurance that would cover student during field school in the event of sickness or accident:

Company: _____

Policy Number: _____

Address: _____

If staff members of the Center for American Archeology are unable to contact a parent or guardian at the time of illness and/or accident, I give permission for my child to be taken to the nearest hospital or medical center for emergency treatment. Parents will be billed for costs relating to medical treatment incurred during the field school.

Signature of Parent/Guardian

Date