

**OLENTANGY LIBERTY MIDDLE SCHOOL  
WASHINGTON D.C. HEALTH FORM**

*Parents: please complete both sides of this form; it is unique to the Washington D.C. trip.*

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ /F \_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAILS (parent's name) \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT (name/relationship)

PRIMARY PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

**MEDICAL HISTORY:** Please circle all that apply.

Asthma

Diabetes

ADD/ADHD

Anxiety

Sleepwalking

Medication Allergy (list below)

Food Allergy (list below)

Seizures (explain below)

Other (list below)

Explain the care/treatments/other information about the above and/or provide additional medical information:

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*Please complete other side*

**DIETARY RESTRICTIONS:**

List any dietary restrictions (vegetarian, no dairy, gluten free, etc.) your child has.

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**INSURANCE INFORMATION:**

Name of medical insurance provider: \_\_\_\_\_

Address:

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Phone number: \_\_\_\_\_

Member name: \_\_\_\_\_ ID number: \_\_\_\_\_

Group/plan number: \_\_\_\_\_

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**AUTHORIZATION:**

The information on this form is correct and complete as far as I know, and I will notify Olentangy Liberty Middle School of any changes as the trip approaches. The person described herein has permission to participate in all Washington D.C. activities (unless noted otherwise) May 16-20, 2022. In the event I cannot be reached in an emergency, I hereby give permission to Olentangy Liberty Middle School to transport my child to the emergency room of the nearest hospital, and in the same event I also give permission to the physician selected by Olentangy Liberty Middle School Administration to hospitalize, secure proper treatment, and/or order injection, anesthesia, surgery for my child named above.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_