RCDSB
Renfrew County
District School Board

1270 PEMBROKE ST. WEST, PEMBROKE, ONTARIO, K8A 4G4
TEL.: (613) 735-0151 - FAX: (613) 735-6315

Form F260-1 Excursions: Parental Consent and Student Medical

PART A: TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student: _____

Student Address: _____

Telephone #: _____

I have read the itinerary or details of the activity and I am familiar with the nature of the trip/activity in which my son/daughter will partake. He/she is capable of participating in this activity and any special medication, if required, has been identified on the medical information form (see over).

I, _____ **(parent/guardian) of**

_____ **(student)**

consent to the student travelling to _____ **(destination).**

In the event that an emergency situation arises which, in the opinion of the attending physician, requires an immediate decision and I cannot be reached, I authorize the attending physician to make decisions of a medical nature on behalf of my child.

_____

Parent Signature

PART B: TO BE FILLED IN BY SCHOOL OFFICIAL

Proposed Trip (Activity): _____

Pertinent Details: _____

Date of Trip: _____

Time of Departure: _____ Time of Return: _____

Place of Departure: _____

Staff Supervisor(s): _____

Cost of Participation: _____

OVER

EXCURSIONS STUDENT
MEDICAL FORM

(TO BE COMPLETED BY PARENT/GUARDIAN)

NOTE: Parents are encouraged to purchase student accident insurance, as accident insurance is not provided by Renfrew County District School Board.

Student Name: _____

1. Family Physician: _____ Telephone #: _____

2. Ontario Health Card #: _____

3. Parent/Guardian: _____

4. Telephone #: (Home) _____ (Work) _____

5. (a) Does the student suffer from any of the following? (please check)
   - ☐ Migraine Headaches
   - ☐ Digestion Problems
   - ☐ Fainting Spells
   - ☐ Urinary Infections
   - ☐ Ear, Nose, Throat Infections
   - ☐ Cerebral Palsy
   - ☐ Skin Conditions
   - ☐ Other (please specify) _____

   (b) What precautions are required?

   _____

6. (a) Does the student suffer from either of the following? (please check)
   - ☐ Epilepsy/Seizure Disorders
   - ☐ Diabetes

   (b) Has an Emergency Medical Protocol been established for (a) above? ☐ Yes ☐ No

7. Blood Type (if known) _____

8. (a) Does she/he have any allergies? ☐ Yes ☐ No

   (b) If yes, please specify _____

   (c) Does she/he carry an Epi-pen? ☐ Yes ☐ No

   (d) If anaphylactic, has the *Allergist Information Form for Anaphylaxis (F316-1)* been completed and forwarded to the Principal? (Board Procedure 316) ☐ Yes ☐ No

9. (a) Is a special diet required for medical reasons? ☐ Yes ☐ No

   (b) If yes, please list prohibited foods: _____

10. Does she/he wear: Eye Glasses? ☐ Yes ☐ No
    Contact Lenses? ☐ Yes ☐ No

11. (a) Is the student on any medication? ☐ Yes ☐ No

    (b) Type of Medication: _____

    (c) Storage of Medication: _____

    (d) Has *Consent Form for the Administration of Prescribed Medication* been signed and forwarded to the Principal? (Board Procedure 315; Form 315-1) ☐ Yes ☐ No

12. Emergency Contact: _____

13. Alternate Emergency Contact: _____

_____ _____

Signature of Parent/Student (if over 18 years of age) Date