

**Parental Consent and Medical Form - F260-1**

**TRIP INFORMATION:**

Trip (Activity): \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Pertinent Details: \_\_\_\_\_

Place of Departure/Return: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Staff Supervisor(s): \_\_\_\_\_

Cost Per Student: \_\_\_\_\_

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_

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

\_\_\_\_\_

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

**PERMISSION:**

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

I give \_\_\_\_\_ permission to participate in \_\_\_\_\_  
(name of student) (activity)

\_\_\_\_\_  
(signature of parent/guardian or student if 18)

\_\_\_\_\_  
(date)

**STUDENT MEDICAL FORM**

Parent/Guardian: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

Has a Life-Threatening Emergency Medical Protocol been established for the student? YES  NO

Does the student have a risk of anaphylaxis? YES  NO

If yes, please specify \_\_\_\_\_

Does the student carry an epi-pen? YES  NO

Is a special diet required for medical reasons? YES  NO

If yes, please specify \_\_\_\_\_

Does the student have a risk of any of the following?

Diabetes YES  NO     Asthma YES  NO     Seizure YES  NO     Concussion YES  NO

Is the student on any medication? YES  NO

If yes, please specify \_\_\_\_\_

Has *Consent Form for the Administration of Prescribed Medication* been signed and forwarded to the Principal? (Board Procedure 315; Form 315-1) YES  N/A

Is there any other medical information that the trip supervisor should be aware of? YES  NO

If yes, please specify \_\_\_\_\_

If the excursion is out of province the student has medical insurance YES  NO

*This information should also be communicated to the school office so that it can be kept in the school record and applied to subsequent excursion forms.*

*Personal information on this form is collected under the authority of the Education Act. The personal information collected will be used for education, administration, and statistical purposes of the District and/or Ministries and Agencies of the Government of Ontario and the Government of Canada. Questions about this collection of personal information should be directed to the Freedom of Information Co-ordinator, 1270 Pembroke Street West, Pembroke, Ontario K8A 4G4 613-735-0151.*

\_\_\_\_\_  
(signature of parent/guardian or student if 18)

\_\_\_\_\_  
(date)