

FORM F260-1	
SECTION: EDUCATIONAL PROGRAMS & MATERIALS	
Adopted/Original Date of Issue	2004
<input checked="" type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	2023
Next Review Date	2028
Contact	Superintendent – Program Services

## PARENTAL CONSENT AND MEDICAL FORM

**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: \_\_\_\_\_

The Renfrew County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is strongly recommended that you purchase Student Accident Insurance, particularly if you do not have a benefit plan through your work, to cover damage, loss and expense sustained in the event of an accident. For additional information on Student Accident Insurance, please go to the following website [www.studyinsuredstudentaccident.com](http://www.studyinsuredstudentaccident.com) or call 1 (833) 560-0527.

**PERMISSION:**

**I have read the itinerary 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 portion of this form.**

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

Signature of Parent/Guardian or Student if 18: \_\_\_\_\_ Date: \_\_\_\_\_

**IF volunteer drivers are used to transport students,**

I give \_\_\_\_\_ permission to travel with \_\_\_\_\_  
(name of student) (name of driver)

**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 Administrative Procedure 315; Form F315-1) 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

Personal information on this form is collected under the authority of the *Education Act* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection 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. Questions about this collection of personal information should be directed to the Principal of the school or Corporate Services, 1270 Pembroke Street West, Pembroke, Ontario K8A 4G4, telephone 613-735-0151.

Signature of Parent/Guardian or Student if 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Form History**

Approved:	2004; November 2019; March 2023
Reviewed:	2019; March 2023
Revised:	2019; March 2023