

Parental Consent for Athletics/Club Permission and Medical Form - F260-1B

ACTIVITY INFORMATION:

Athletic Team/Club: _____ Cost Per Student: \$ _____

Staff Supervisor(s): _____

Mode of Transportation: _____

For Activities with a Single Event:

Destination: _____ Date of Trip: _____

Place of Departure/Return: _____ Time of Departure: _____ Time of Return: _____

For Activities with Multiple Events:

A tentative schedule of dates and locations is attached. Team schedules may be subject to change as a result of information not yet available. The student's participation may include tryouts, exhibitions, playoffs and tournaments not listed here. The school will inform students and their parent(s)/guardian(s) of changes that occur. Any overnight trips will require separate consent.

STUDENT INFORMATION:

Student Name: _____

Student Address: _____

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)



INSPIRE. EMPOWER. ACHIEVE.

1270 PEMBROKE ST. WEST, PEMBROKE, ONTARIO, K8A 4G4

TEL.: (613) 735-0151 - FAX: (613) 735-6315