



FORM F260-1B	
SECTION: EDUCATIONAL PROGRAMS & MATERIALS	
Adopted/Original Date of Issue	2019
<input checked="" type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	2023
Next Review Date	2028
Contact	Superintendent – Program Services

PARENTAL CONSENT FOR ATHLETICS/CLUB AND MEDICAL FORM

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: _____

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 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:	November 2019; March 2023
Reviewed:	November 2019; March 2023
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