



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):

Gr. 8 Boys Basketball Tournament @ RCI

Pertinent Details:

Parents and relatives are invited to watch. The players will receive a schedule prior to the tournament. It will run from 8:30am - 2:30pm.

Date of Trip:

Thursday, April 19, 2018

Time of Departure:

N/A

Time of Return:

N/A

Place of Departure:

RCIS

Staff Supervisor(s):

Mr. Scott Campbell

Cost of Participation:

\$10 Team Sport Fee (Can be paid through school cash online or the office)

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)
- | | |
|---|---|
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Digestion Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Urinary Infections |
| <input type="checkbox"/> Ear, Nose, Throat Infections | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Other (please specify) _____ |
- (b) What precautions are required? _____
6. (a) Does the student suffer from either of the following? (please check)
- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Epilepsy/Seizure Disorders | <input type="checkbox"/> 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 _____