



RCDSB

Renfrew County
District School Board

1270 PEMBROKE ST. WEST, PEMBROKE, ONTARIO, K8A 4G4
TEL.: (613) 735-0151 - FAX: (613) 735-6315

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):

O'Brien Theatre - Viewing the Film "Indian Horse"

Pertinent Details:

Students in Grade 11 College English read the novel "Indian Horse" by Richard Wagamese.

Date of Trip:

Tuesday, April 17th, 2018

Time of Departure:

9:50 (Film begins at 10:30)

Time of Return:

12:30

Place of Departure:

Grant Gym

Staff Supervisor(s):

Mrs. A. Daber

Cost of Participation:

Free (Snacks are an additional cost)

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)

☐ Migraine Headaches

☐ Digestion Problems

☐ Fainting Spells

☐ Urinary Infections

☐ Ear, Nose, Throat Infections

☐ Cerebral Palsy

☐ Skin Conditions

☐ Other (please specify) _____

(b) What precautions are required?

6. (a) Does the student suffer from either of the following? (please check)

☐ Epilepsy/Seizure Disorders

☐ 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: _____