



**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):

**Bowling at the Opeongo Bowldrome (Renfrew)**

Pertinent Details:

**We will be walking to and from Bowling Alley  
(April 13 & 17, 2018)**

Date of Trip:

**Friday, April 13 (11:10-12:20) & Tuesday, April 17 (12:20-1:30)**

Time of Departure:

**See Times Above**

Time of Return:

**See Times Above**

Place of Departure:

**RCIS**

Staff Supervisor(s):

**Mr. Scott Campbell**

Cost of Participation:

**\$9.00 (Total cost for both sessions - can be paid school cash online or at 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
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(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: \_\_\_\_\_