

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

McNab Track Meet

(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):

McNab Track & Field Meet

Pertinent Details:

Canteen will be available. Bring sunscreen, food, water and appropriate athletic wear.

Date of Trip:

Thursday May 24th, 2018

Time of Departure:

8:30am

Time of Return:

approx. 2:30

Place of Departure:

RCIS

Staff Supervisor(s):

Mme McCullough

Cost of Participation:

\$10 (School cash online)

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 _____