



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 **University of Ottawa – Roger Guindon campus (OTTAWA)**

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/Guardian Signature

PART B: TO BE FILLED IN BY SCHOOL OFFICIAL

Proposed Trip (Activity): **Excursion to The Anatomy Lab at the Roger Guindon campus of the University of Ottawa**

Pertinent Details: **Anatomy Lab Tour
Tuesday November 6, 2018
Students should bring a lunch; or a lunch may be purchased in the cafeteria.**

Date of Trip: **Tuesday November 6, 2018**

Time of Departure: **8:20am** Time of Return: **2:15pm**

Place of Departure: **Rear of RCI on Queen Street.**

Staff Supervisor(s): **Mr. Ferguson**

Cost of Participation: **N/C**

OVER

EXCURSIONS
STUDENT MEDICAL FORM
(TO BE COMPLETED BY PARENT/GUARDIAN)

NOTE: Parents/guardians 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 medication? Yes No

b) Type of medication: _____

c) Storage of Medication: _____

d) Has *Consent Form for the Administration of Prescribed Medication* (F315-1) been signed and forwarded to the Principal (Board Procedure 315)
 Yes No

12. Emergency Contact: _____

13. Alternate Emergency Contact: _____

Signature of Parent/Student (if over 18 years of age)

Date