



# STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

**Please return this form to the school**

Excursion Location:

Date(s) of Excursion:

Grade(s):

Class/Course/Group:

**At the conclusion of this excursion/series of excursions, this form will be shredded by the school.**

To be completed by the parent/guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*In the event of an emergency during this excursion, please list in order of priority who should be contacted:*

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: \_\_\_\_\_

Life Threatening: Yes ☐ No ☐

\_\_\_\_\_

Epipen: Yes ☐ No ☐

Other Medical Conditions/Restrictions/Limitations: \_\_\_\_\_

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): \_\_\_\_\_

## FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Provider Contact Telephone: \_\_\_\_\_

Proof of Coverage: Yes ☐ No ☐

### Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.