Print Form

STUDENT TRIPS: Emergency/Health Information

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

APPROVED FORM – June, 2008 – Form only valid when both sides are reproduced

This information is collected under the Municipal Freedom of Information and Protection of Privacy Act

Parent/Guardian, please complete and return to the school office by _____

Student's Name: _____ School: _____

Home Address: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____

EMERGENCY TELEPHONE NUMBERS:

Parent's/Guardian's Name: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Family Doctor: _____ Dr.'s Telephone _____

RELATIVES OR PERSONS TO BE NOTIFIED IF PARENTS CANNOT BE REACHED:

Name: _____ Relation: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Name: _____ Relation: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

HEALTH INSURANCE:

Subscriber's Name: _____ Ontario Health Card Number: _____

Other Hospital Insurance: _____

NOTE: OHIP no longer covers all medical costs incurred outside of Canada. It is the parent's/guardian's and student's responsibility to provide comprehensive medical coverage. Proof of coverage is to be provided to the school principal at least one week prior to the trip in order to participate in trips outside of the province or country.

ALLERGIES/ASTHMA:

List any allergies such as food, insect stings, drugs, etc. Clearly explain asthma symptoms. If the reaction is severe, please make certain that the severity of their reaction is clearly indicated. If more space is required to explain the medical concern, attach the explanation on a separate piece of paper.

Allergy/Asthma	Rate Severity Mild ∏ Severe	Specific Type of Reaction & Usual Treatment
_____	1 2 3 4	_____
_____	1 2 3 4	_____
_____	1 2 3 4	_____

Does the student have an Epi Pen? Yes ☐ No ☐ Does the student have an asthma inhaler? Yes ☐ No ☐

DIETARY RESTRICTIONS:

List any foods the student should not eat for medical, dietary, or religious reasons. If foods are life threatening, explain the symptoms.

Please turn over . . .

MEDICAL CONDITIONS:

Please check off any life threatening conditions, physical limitations or any other concerns which might affect the student's participation in the program. Please give details of usual treatment.

Epilepsy..... ☐
Diabetes ..... ☐
Migraine Headaches ..... ☐
Urinary Infections ..... ☐
Ear, Nose, Throat Infections..... ☐
Medic Alert Information ..... ☐
Medic Alert for: _____

Fainting Spells..... ☐
Digestive Upsets..... ☐
Sleepwalking ..... ☐
Nosebleeds..... ☐
Hemophilia..... ☐
Other _____

Details of usual treatment:

MEDICATION:

Medication being carried by the student shall be monitored by the school trip supervisor. If the supervisor/teacher is to be responsible for the administration of medication, then the standard form used in Hamilton-Wentworth schools must be completed. (Request for school assistance in health care)

Is the student self-medication? ☐ Yes ☐ No
Tetanus shot within the last ten years? ☐ Yes ☐ No

Name of Medication	Reason	Dosage	Method of Administration

Medication comments:

_____

LIMITATIONS/PARTICIPATION:

Please explain any limitations or other concerns which might affect the student's participation in the program.

_____

Any update to the above information must be made in writing to the organizer prior to the excursion.

CONSENT OF PARENT/GUARDIAN:

I/We understand that in the event of a medical emergency, while on the trip, medical officials can authorize emergency medical care. This would only 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:** _____

NOTE: *The signature of a physician is only required for a student with a life threatening medical condition.*

Physician Signature: _____ **Date:** _____

Physician's Telephone Number: _____