

## STUDENT EMERGENCY MEDICAL/CONTACT **INFORMATION FORM**

**Choose School Name** 

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,	Preferred Contact	Alternate Contact	Pickup
	uncle, friend)	Telephone #	Telephone #	Student
				Yes 🗆 No 🗆
				Yes 🗆 No 🗆
				Yes 🗆 No 🗆
				Yes 🗆 No 🗆

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.