

STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Please return this form to the school

Excursion Location:					
Date(s) of Excursion:					
Grade(s):	Grade(s): Class/Course/Group:				
At the conclusion of this e	excursion/series of excursions	s, this form will be sh	redded by the school	ol.	
To be completed by the pare	ent/guardian:				
Surname:	First Name:	•	Middle Name:		
Date of Birth:					
In the event of an emergenc	cy during this excursion, please l	list in order of priority v	vho should be contact	fed:	
Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes No	
		<u> </u>		Yes - No -	
		 		Yes - No -	
			_	Yes No	
** - !! - ! !-farmation requires	15 of the committee to be used by	To the all Company in ore			
	d for this excursion to be used by		_		
Allergies:		-			
Other Medical Conditions/Pr			ipen: Yes □ No □		
	estrictions/Limitations:				
	erns/specific instructions related			nformation it	
FOR OUT OF PROVINCE/CO	UNTRY EXCURSIONS ONLY				
Medical Insurance Provider:		Policy Numb	Policy Number:		
Provider Contact Telephone	D:	Proof of Cov	⁄erage: Yes □ No □		
Consent of Parent/Guardia					
emergency medical care. Th	e event of a medical emergency, his would apply when a serious of ficials have been unable to con	condition exists and th	he Hamilton-Wentwo		
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.