



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:

Table with 5 columns: Name, Relation (e.g.: parent, uncle, friend), Preferred Contact Telephone #, Alternate Contact Telephone #, Pickup Student (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.
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.