



Local, Low Risk EOTC Generic Medical Form and Permission Slip

NAME: _____

CLASS: _____

MEDICAL CONDITIONS:

My child has the following medical condition:

My child takes the following medication:

PARENT/CAREGIVER HELP:

I am able / unable to be a Parent/Guardian helper during the course of the year.
Times or days available are: _____

I give my permission for _____ to participate in local EOTC activities. Permission is being given for the day to day activities which include walking to local facilities, PE runs, and Cross Country runs.

I am aware other activities such as swimming, class camps, overnight activities and trips to Hamilton will require separate permission. Information for these activities will be sent via the normal channels.

PARENT'S NAME: _____

SIGNATURE: _____

ADDRESS: _____

POSTAL ADDRESS (if different from above) _____

CONTACT PHONE NUMBERS: (day)

(evening)(mobile)

EMERGENCY CONTACT PERSON AND PHONE NUMBER: _____
