LONDON DISTRICT
Catholic School
BOARD

Educational Field Trips and Excursions
Direction and Authorization Form

This Direction and Authorization pertains to:
The Child:

Child's Full Name: | **Birth Date:**

The Parent(s) / Guardian(s)

Parent's Full Name: | **Relationship to Child:**

Address:

Contact Details:

Teacher-in-Charge:

In case of an accident, or need for medical treatment the Principal, teacher or whomever they may designate in charge of the excursion must have the freedom to take the injured student to a medical doctor or emergency services. By signing this form, you permit the teacher-in-charge, if necessary, to seek medical assistance for your son or daughter.

I authorize the Teacher-in-Charge to seek general first aid treatment for minor injuries or illnesses experienced by my child. I Hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the ehalth and welfare of my child.

I authorize the Teacher-in-Charge, in the event that I cannot be contacted or if any urgency dictates, to act in loco parentis for my child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for my child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for my child.

Please List Any Medical Concerns (i.e. allergies, epilepsy, seizures)

Family Doctor: | **Phone Number:**

I declare that I am the legal custodian of the Child and that I have legal authority to grant medical consent to the Temporary Guardian for the Child.

Health Card Number: _____

This medical consent will be in effect from the _____ day of _____ 20 ____

until the _____ day of _____ 20 ____

Signed at _____ on this _____ day of _____ 20 ____

Signature of Parent:

Signature of Parent:

"Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form is collected under the authority of the Education Act and Ontario Regulations. It will be used for purposes related to the identified educational field trip/excursion and will be retained for 3 years. Questions about the collection of this personal information should be directed to the School Principal."