



Student Last Name: \_\_\_\_\_

*Please print clearly*

Student First Name: \_\_\_\_\_

*Please print clearly*

*Please complete all areas with an X, any medical information as applicable and sign at the bottom. Thank you!*

**Please sign in either the YES or the NO box and return this form to the teacher by: Friday, September 14, 2018**

# YES

I/we give permission for my/our child/ward, X \_\_\_\_\_, to participate in the excursion

to Bruce's Mill Conservation Area on (date) September 21, 2018

Emergency Contact: X \_\_\_\_\_ Emergency Phone Number: X \_\_\_\_\_

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) , private vehicle (student driver) \_\_\_\_\_ who has been authorized by the principal.

Parent Signature X \_\_\_\_\_

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? X \_\_\_\_\_

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian X \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian X \_\_\_\_\_ Today's date: X \_\_\_\_\_  
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes \_\_\_\_\_ No

Signature of Parent/Guardian X \_\_\_\_\_ Today's date: X \_\_\_\_\_  
(or student, if 18 years old or older)

# NO

I/we do not give permission for my/our child, \_\_\_\_\_, to participate in the excursion to \_\_\_\_\_ on (date) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

Student Last Name: \_\_\_\_\_

Please print clearly

Student First Name: \_\_\_\_\_

Please print clearly

Please complete all areas with an X, any medical information as applicable and sign at the bottom. Thank you!

### Medical Information Form (511E)

The collection and retention of the information requested on this form is authorized and governed by the Education Act, Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act.

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: X \_\_\_\_\_ Date of Birth: X \_\_\_\_\_

Teacher: Forest Hill Collegiate Institute \_\_\_\_\_ Grade/Class: 9 \_\_\_\_\_

Parent/Guardian: X \_\_\_\_\_ Telephone: (H) X \_\_\_\_\_ (B) X \_\_\_\_\_

Ontario Health Number: X \_\_\_\_\_ Family Doctor: X \_\_\_\_\_ Telephone: X \_\_\_\_\_

#### Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- Asthma
- Chronic Nosebleed
- Diabetes
- Digestive upsets
- Ear, Nose, Throat infections
- Sickle Cell Disease
- Fainting Spells
- Feet or Leg problems
- Hemophilia/Bleeding disorders
- Heart problems
- Hernia
- History of head injuries
- Migraine
- Rash
- Recent illness or operation
- Other \_\_\_\_\_
- Rheumatic Fever
- Seizures
- Sleepwalking
- Urinary infections

Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated: \_\_\_\_\_

Please explain if your child/ward has any medical condition that requires any modification of his/her program. \_\_\_\_\_

#### Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: \_\_\_\_\_

If foods are life-threatening, please explain the symptoms and the treatment: \_\_\_\_\_

(b) Medications: \_\_\_\_\_

(c) Other (e.g., bee or wasp stings, environmental allergies): \_\_\_\_\_

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: \_\_\_\_\_

Is allergy considered: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Serious \_\_\_\_\_ Life-Threatening \_\_\_\_\_

Has a doctor prescribed an Epi-Pen for your child/ward? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a doctor prescribed an inhaler for asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: \_\_\_\_\_

#### Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: \_\_\_\_\_

What prescribed medication(s) should your child/ward have with him/her during the excursion? \_\_\_\_\_

#### General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify what is written on it: \_\_\_\_\_

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: X \_\_\_\_\_ (Please print)

Signature of Parent/Guardian: X \_\_\_\_\_ Date: X \_\_\_\_\_