

FORM 230-9	
Adopted	April 2005
Last Revised	November 2016
Review Date	November 2021

---

## MEDICAL INFORMATION AND CONSENT FOR EXCURSIONS

---

School: \_\_\_\_\_ Date of Excursion: \_\_\_\_\_

### A. Emergency Medical Care Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### B. Emergency Contact Numbers

1. **Parent / Guardian Names:** \_\_\_\_\_

Phone#s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. **1<sup>st</sup> Alternate Name:** \_\_\_\_\_

Phone#s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. **2<sup>nd</sup> Alternate Name:** \_\_\_\_\_

Phone#s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### C. Vision & Hearing

**Does the student have any hearing problems** which might affect his or her safety or enjoyment of the excursion?

If yes, please describe: \_\_\_\_\_ Yes  No

#### Eye Glasses / Contact Lenses:

Is the student dependent upon glasses for normal activities? Yes  No

Note: Bring spare glasses if possible. Bring distilled water or cleaning requirement for contact lenses.

### D. Medical Conditions:

Please give details of any medical history (including previous concussion(s), needs and/or medication below. If necessary, contact the student's teacher/supervisor at the school to discuss (teacher/supervisor will review forms F230-9, F230-10, F230-11, F322-2 and F322-3 as required).

**Does the student have any known on-going medical condition** which could affect his or her safety or comfort during the excursion? (e.g. concussion, diabetes, epilepsy, psoriasis, etc.)

If yes, state particulars: \_\_\_\_\_ Yes  No

**Does the student have any allergies?** Yes  No

If yes, please describe sources and typical reactions (e.g., asthma, hives, sneezing, runny eyes, etc.), in response to specific foods, smoke, perfumes, dust, feathers, animals, pollens, temperature changes, drugs.

Description: \_\_\_\_\_

Has the student had a severe reaction to a bee sting? Yes  No

If yes, describe: \_\_\_\_\_

Does the student frequently have medical difficulties which could affect his or her safety or comfort during the trip (e.g., frequent migraine headaches, dizziness or fainting, ear/hose/throat infections, urinary/bowel infections, skin conditions, digestive upsets, (other?). If yes, please specify the medical problem and treatment usually followed:

Yes  No

Does the student need a special diet? Yes  No

If yes, describe: \_\_\_\_\_

Are there any other medical conditions or problems not mentioned above which might affect this student's safety or comfort during the excursion? Yes  No

If yes, please describe: \_\_\_\_\_

Will the student need to carry special medication for emergency response to allergic reactions (e.g., inhaler, epi-pen, antihistamine, other)? Yes  No

If yes, please describe: \_\_\_\_\_

Will the student have a need for regular medication during the excursion? Yes  No

If yes, name medication and dosage: \_\_\_\_\_

Will the student carry an adequate supply? Yes  No

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

Is any special storage required for the medication? Yes  No

If yes, please describe: \_\_\_\_\_

**Note:** Medication should be kept in its original container with doctor or pharmacy instructions affixed.

Is the student able to self-administer the medication? Yes  No

Notes: \_\_\_\_\_

- Separate consent is required for requests for school personnel to administer medication.
- Please contact the teacher-supervisor to discuss and refer to Procedure 320: Staff Administration of Medication and/or Medical Procedures including Anaphylactic Reactions.

**E. Consent to obtain medical care:**

**Parent/Guardian:**

Should it become necessary for my son, daughter or ward \_\_\_\_\_  
Print Student's Full Name

to require medical care during the period of the excursion, I hereby give the teacher/supervisor(s)

\_\_\_\_\_  
Teacher/Supervisor Name(s)

permission to use his/her best judgement in obtaining medical care for my son/daughter/ward. I understand that in the event of a serious illness or accident, I will be notified by the teacher/supervisor as soon as possible.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Student:**

I understand and consent to the above teacher/supervisor using their best judgement to obtain medical care for me during the school trip on the above dates and to notify my parent/guardian as soon as possible in the case of serious injury or accident.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Note:** Parent/Guardians should be advised that you must reimburse the school for any medical expenses incurred on your child's behalf as a result of a medical emergency during an excursion. The Government – Health Insurance Plan (GHIP) no longer covers all medical costs incurred outside of Ontario and uncertainties may arise with respect to recognition of Ontario Health insurance coverage for certain medical treatments and/or hospitalization. Medical expenses are the responsibility of the parent or student if 18 years of age or over.

*This information is collected under the authority of the Education Act and in compliance with the Municipal Freedom of Information and Protection of Privacy Act. Should you have questions about this form, please contact the Principal of the school.*