

This form must accompany the leader during the trip and a copy kept on file at the Church.

EMERGENCY CONTACT- MEDICAL INFORMATION

STUDENT NAME(First and Last):_____

CURRENT EMERGENCY INFORMATION:

Home Telephone Number _____ Health Card number _____
Mother's Name _____ Mother's Contact Number _____
Father's Name _____ Father's Contact Number _____
Emergency Contact Name _____ Contact's Number _____

CURRENT MEDICAL INFORMATION:

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:
Please specify what is written on it: _____
First aid procedures in case of incident: _____

2. Date of last tetanus immunization (for overnight trips only): _____

3. If your son/daughter/ward is allergic to any drugs, foods, and/or medication, please specify:
First aid procedures in case of incident: _____

4. If your son/daughter/ward takes any prescription drugs, please specify:
Provide details: _____

5. What medication(s) should the participant have on hand during the field trip?
Who should administer the Medication? _____

6. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities. Provide pertinent details or contact supervising leader: _____

MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)

Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.

Signature of Parent/Guardian _____ Date _____

FREEDOM OF INFORMATION NOTICE

The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Church's policy on Out-of-Church Programs.