

Parental Information/Medical Information Form

A. PARENTAL INFORMATION

School: Carleton Place High School Phone Number: 613 284 2700 (camp)
 Destination of Trip: Camp Otterdale 30 Frayn Road, Lombardy Ontario Student's Cost: \$120
 Departure Date & Time: 29 September 2017, Meet at CPHS at 3L30 Return Date & Time: ents pick up at camp at 11:00 Oct

Method of Transportation: _____
Transportation - When transportation for any trip involves a privately owned vehicle and a volunteer driver (students will not be permitted to drive other students), the teacher coordinating the event will confirm the name of the driver, that the driver is properly licensed and has sufficient insurance coverage.

Teacher in Charge: _____ Emergency Contact # _____

Educational activity programs, such as Camp Outdoor Education Centre involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in: Camp Outdoor Education Centre
(describe activity)
Fractures, head/neck/back injuries, fall from heights greater than 10 feet, exposure to the weather conditions, drowning, paralysis

Additional Equipment Required: _____
*In the event this activity is cancelled, participants will be notified (school web site, radio broadcast, letter to parents, etc.). A refund will be provided whenever possible.

B. MEDICAL INFORMATION – Please complete, detach and return to the school

Student: _____

Parent/Guardian: _____ Telephone: (H) _____ (B) _____

Additional contact (in the event you are not available): Name: _____ Telephone: _____

Medical Condition/ Information provided on this form will be used to make decisions concerning your child's health during the activity/excursion, information is not intended to limit level of participation.

- Please indicate any significant medical conditions, physical limitations, or any other concerns which may require attention during this activity/excursion;
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Rash | <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Recent illness or operation | 'trick or lock' knee or other joint disability |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sleepwalking | _____ |
| <input type="checkbox"/> Drug Sensitivity | <input type="checkbox"/> History of head injury | <input type="checkbox"/> Urinary infections | _____ |
| <input type="checkbox"/> Ear/Nose/Throat infection: | <input type="checkbox"/> Migraines | | |

Give details of history/usual treatment for each of the above conditions indicated: _____

Please explain if your child has any other medical condition/treatment that we should be aware of: _____

Allergies/Asthma

Has your child suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: Mild ___ Moderate ___ Serious ___ Life-Threatening ___

Has a doctor prescribed an Epi-Pen for your child? Yes ___ No ___

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

I, _____, confirm the information on file with the school my child attends is the most up to date medical information.

Signature of Parent/Guardian: _____

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. (parents/guardians should only sign this section if they agree with the above statement)

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____

**INFORMED CONSENT/PERMISSION FORM
FOR EDUCATIONAL ACTIVITY PROGRAMS**

Please refer to the attached itinerary for a detailed description of our trip to Camp Otterdale September 29th to October 1st, 2017. The bus departs CPHS at 4 pm and parents are to arrive at Camp Otterdale, 30 Frayn Road, Lombardy Ontario to watch a mini concert and pick up their child at 11PM on Sunday October 1st.

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT

Educational activity programs, such as Camp Outdoor Education Centre involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in: Camp Outdoor Education Centre

(describe activity)

Fractures, head/neck/back injuries, fall from heights greater than 10 feet, exposure to the weather conditions, drowning, paralysis

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your child may be injured.

The Upper Canada District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. **It is strongly recommended that you purchase Student Accident Insurance, particularly if you do not have a benefit plan through your work, to cover damage, loss and expense sustained in the event of an accident.** For additional information on Student Accident Insurance, please go to the following website <http://www.insuremykids.com/about.aspx> or call 1-800-463-5437.

Students will travel to this event by bus Travel by bus

involves certain elements of risk. The following list includes, but is not limited to, examples of the types of injuries which may occur while being transported to Camp Otterdale 30 Frayn Road, Lombardy Ontario

Motor vehicle accident

Transportation – When transportation for any trip involves a privately owned vehicle and a volunteer driver (students will not be permitted to drive other students), the teacher coordinating the event will confirm the driver is properly licensed and has sufficient insurance coverage).

Name(s) of volunteer drivers: Parents will be picking up their child at the end of the

ACKNOWLEDGEMENT

We have read the above and we understand and accept that participating in Camp Outdoor Education Centre and travelling by bus we are assuming the risks and any associated damage, loss and expense.

I give (Name of Student) permission to participate in Camp Outdoor Education Centre

to be held on _____
(Date)

Additional student safety/accommodations required for your child:

Name of Parent/ Guardian: (Please Print) _____

Signature of Parent/ Guardian: _____ Date: _____

Signature of Principal: S. Handie