



**Parental Information/Medical Information Form**

**A. PARENTAL INFORMATION**

School: Carleton Place High School Phone Number: 613 2572720

Destination of Trip: Ridgmont H.S., CPHS, and Brockville Arts Centre Student's Cost: Lunch/supper Apr 10, 23, 2018

Departure Date & Time: April 10, 17, 23, 2018 See attached letter Return Date & Time: Apr 10, 17, 23, 2018

Method of Transportation: School Bus

\*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: Cynthia Yuschyshyn Emergency Contact #: 613 620 2774

Educational activity programs, such as Musical Event 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: Musical Event  
(describe activity)  
Slips, falls, strains and sprains

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: \_\_\_\_\_