

DUE DATE: October 4th, 2018



GF 080

HEALTH AND SAFETY INFORMATION AND MEDICAL CONSENT FORM

SCHOOL NAME: _____

Name of Student: _____ Sex: ___ Date of Birth: _____

Address: _____

Parent(s)/Guardian(s) Telephone Number: Day _____ Night: _____

The following information will be helpful to the teacher in making your child's out-of-school visit more comfortable, safe and pleasant. All information will be held in the strictest confidence.

1. Has your child any special conditions which must be taken into consideration in his/her participation in the full program:

Allergy: _____ Rash: _____

Diabetes: _____ Heart: _____

Asthma: _____ Epilepsy: _____

Feet or Legs: _____ Rheumatic Fever: _____

Recent illness or operation: _____

Any other medical concern, which the teacher would need-to-know:

2. Has your child any drug allergy or sensitivity: If so, please provide details:

3. Has your child any serum sensitivity? If , give details: _____

4. Give date of last tetanus shot and reason for it: _____

5. If your child has any special night-time habits, any special fears or nervous peculiarities (e. g. bed wetting, nightmares), knowledge of which will allow the teacher to make his/her visit more relaxed, please state:

If it is necessary to elaborate on any of the above, please attach an additional page.

I/WE THE PARENT(S)/GUARDIAN(S) OF _____

HEREBY CONSENT TO OUR CHILD ATTENDING: _____

_____ FROM: _____ TO: _____

SHOULD IT BECOME NECESSARY FOR OUR CHILD TO HAVE MEDICAL CARE, I/WE HEREBY GIVE THE TEACHER PERMISSION TO USE HER/HIS BEST JUDGEMENT IN OBTAINING THE BEST OF SUCH SERVICE FOR OUR CHILD. WE UNDERSTAND THAT ANY COST WILL BE OUR RESPONSIBILITY. WE ALSO UNDERSTAND THAT IN THE EVENT OF ILLNESS OR ACCIDENT, WE WILL BE NOTIFIED AS SOON AS POSSIBLE.

Signature of Parent(s)Guardian(s): _____

Date: _____

Provision of the information and consent request on this form is voluntary; however, it may be required for the health and safety of your son/daughter. The information provided will be held in confidence.

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: *Personal information on this form is collected under the legal authority of the Education Act, R.S.O.1990,c.129 as amended. This information will be used for the purpose of providing health and safety services in the event of an emergency. Questions regarding this collection should be directed to the School Principal.*

November 2012