



**PARENT/GUARDIAN PERMISSION FORM/STUDENT MEDICATIONS, HEALTH PRECAUTIONS, AND ACCOMMODATION INFORMATION FORM**

Student Name

Excursion Destination

Date of Excursion

Educational activity programs such as this excursion involve certain elements of risk. Injuries or health issues may arise while participating in these activities. Some common examples are slips and falls, insect bites, and infections common to the local environment. The risk of sustaining these injuries results from the nature of the activities without any fault of either the student or the School Board, its employees/agents or the facility where the activities take place. By choosing to give your consent for your daughter/son to participate in this trip/excursion, you are accepting the risk that your daughter/son may be susceptible to physical or health injuries while taking part in school organized excursions.

The Board does not provide accidental injury or disability insurance or medical and dental insurance on behalf of students participating in this activity. For insurance coverage, parents may wish to consider student accident insurance ([www.insuremykids.com](http://www.insuremykids.com)) made available each fall and throughout the year to parents on the aforementioned website. Parents must purchase additional out-of-country medical insurance for each participant in all excursions **outside** of Canada.

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your daughter/son have any special health concerns or accommodation needs? Please check one of the following:

1. There are no medical concerns for my child \_\_\_\_\_ (Sign below)
2. There are medical concerns for my child \_\_\_\_\_ (Please complete Section 2)

Additional medical insurance has been purchased (excursions **outside** Canada only) \_\_\_\_\_

The Ottawa Catholic School Board does not provide accident insurance coverage for student injuries that occur on school premises or during approved school activities. You may purchase coverage for your child at [www.insuremykids.com](http://www.insuremykids.com) or by calling toll free 1-800-463-KIDS (5437).

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I/We the parents of

acknowledge that should it become necessary for the student to receive medical care, I/we give my/our permission to provide emergency care and further agree to hold harmless the Ottawa Catholic School Board, employees, volunteers, and supervisors for any and all actions in emergency situations.

I/we have read the Excursion letter and understand that in participating in the activity above, I/we are assuming the risks associated with doing so, and give my/our consent for:

Student's name

To participate in this excursion as described above. I agree to provide him/her with the equipment and requirements for this excursion.

Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date



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**SECTION 2**

Any additional health information or requests for accommodation not included on this form are the responsibility of the parent(s)/guardian(s) to provide prior to the day of departure.

I/We acknowledge that my/our daughter/son has been medically diagnosed and treated for life-threatening health conditions or health issues that require medications for control of:

Diabetes \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Other \_\_\_\_\_

Please provide details

I/We have provided my daughter/son with the following prescription medications included on the Board's "Request for Medication" form provided to the school administration.

Insulin \_\_\_\_\_ EpiPen \_\_\_\_\_

Other medications (please provide details)

Please indicate where these medications will be carried or kept during the trip/excursion

Please provide any additional health information or requests for accommodation below

By signing this consent form, I agree that I have disclosed medical concerns, and I am responsible to provide any and all prescribed medications for the duration of the trip/excursion and any and all prescription devices required and necessary to protect the health and wellbeing of my daughter/son.

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Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_

Date \_\_\_\_\_