



Form 260-2

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## MEDICAL INFORMATION FORM – DAY TRIPS

### Trip Information

Description of Activity:

Activity Date:

### Student Information

Student Name:

Parent contact telephone #

(Home)

(Work)

Emergency contact #1

(Home)

(Work)

Emergency contact #2

(Home)

(Work)

### Medical Information

Please list any concerns or conditions that can influence your child's participation in this activity.

Does your child have any known allergies? If yes, please provide details and required treatment.

Please list any dietary concerns or conditions that your child has.

**This is my/our permission for the teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.**

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_