



# SIR WILFRID LAURIER ELEMENTARY SCHOOL

## OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant.  
**(Please print carefully and legibly)**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade/Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

BC Medical Services Plan Personal Health No.: \_\_\_\_\_ Student School Accident Insurance:  Yes  No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:  
\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Inhaler?  Yes  No Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:  
\_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  
\_\_\_\_\_

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_

Other Health/Medical/Dietary Concerns/restrictions:  
\_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

## ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: \_\_\_\_\_

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_