



OFF-CAMPUS MEDICAL INFORMATION AND CONSENT

(For Category II or III Trips)

PERMISSION

I hereby grant permission for my son/daughter _____
to participate in the off-campus trip to (City/Town/Province/State) _____

leaving the school on (date) _____

and returning to the school on (date) _____

PERSONAL INFORMATION

Parent/Guardian _____

Home Telephone _____

Home Address _____

Business Name and _____

Telephone Number _____

Emergency Contact _____ Telephone _____

_____ Telephone _____

MEDICAL INFORMATION

Medical Problems (Allergies, etc.) _____

Medication (Directions for use, storage, etc.) _____

Family Doctor: _____ Telephone: _____

*For out of province off-campus, additional health coverage (insurance) is required.

Provider Company Name: _____

Policy Number: _____

Procedure in case of emergency _____

COMMITMENT

In consideration of _____ being permitted to participate on this
(Student's Name)

trip, I hereby **agree to accept and pay all costs including transportation and other expenses incurred for the return of my child from the site of the off-campus trip stated in (Permission) for medical reasons or inappropriate behaviour.**

Signature of Parent/Guardian/Adult Student

Date

Document Management:
Home School

Retention:
Non OSR School File – Current Year