

SPORTS AND FIELD TRIPS
STUDENT INFORMATION AND CONSENT FORM

PLEASE PRINT:

Name of School: **Elton Collegiate**

Name of Student: _____

Address _____

Name of Parent/Guardian _____

Business Telephone Number _____

Emergency Contact Name & Number _____

MEDICAL INFORMATION

Name of Medical Insurance Plan _____ Number _____

Name of Doctor _____ Doctor's Telephone _____

Date of last tetanus immunization _____

Is your son/daughter allergic to any drugs, food, or medication? Yes _____ No _____

if yes, provide details _____

Does your son/daughter take any prescription drugs? Yes _____ No _____

If yes, provide details _____

Does your son/daughter wear a medical alert bracelet? Yes _____ No _____

Any other medical information that will limit participation in events?

MEDICAL SERVICES AUTHORIZATION (optional)

In case of emergency medical or hospital services being required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this anaesthesia and drugs. I understand that any cost will be my responsibility.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

STUDENT ACCIDENT INSURANCE NOTICE

The rolling River School Division does not provide any accidental death, disability, and dismemberment/medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parent at the beginning and throughout the school year.

ATTENTION PARENTS & GUARDIANS

Occasionally the media (television, radio, newspaper, etc.) request to interview, film, record and/or photograph Rolling River School Division students. It is the Division's practice to have permission of the parents or guardians of students less than 18 years of age prior to granting interviews, photographs, or filming by the media. To give your consent, please complete the following portion of this form

I give my consent for the media to interview, film, record, and/or photograph my child/a child of my guardianship.

Date

Signature of Parent/Guardianship