



Off-Site Activity Emergency Medical  
Information  
Administrative Procedure 8.80E

**Parents:** please fill this page in at the start of each school year.  
Teachers will keep this documentation for all off - site trips.  
Attach a separate page if more space is needed.

**Date:**

**STUDENT'S NAME:**

**Birthdate:**

**Manitoba PHN: 9 digits**

**Do you have additional Student Accident Insurance? YES NO**

**Any allergies?** (specific drugs, certain foods, insect stings, hay fever, etc.)  
Details regarding precautions, symptoms, treatment:

**Any other medical conditions that may affect participation in certain activities?**  
Details:

**Any medications?**  
Details: (name, reason for taking, dosage, storage, potential side effects/treatment of such, etc.)

**Any dietary concerns?**  
Details:

**Other?** Details:

**EMERGENCY CONTACTS:**

Parent / Guardian:

Home: Office: Cell:

Parent / Guardian:

Home: Office: Cell:

Other:

Home: Office: Cell:

**PARENT SIGNATURE:**

The personal information contained on this form is collected under the authority of *the Public School Act* and the *Freedom of Information and Protection of Privacy Act* for the purpose of participating in off – school site activities. ***If you have any questions about this form, please contact your school principal.***