



Off-Site Activity Emergency Medical
Information
Administrative Procedure 8.80E

8.0 Safe Schools

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 Health Registration Number *6 digits*: _____

Manitoba PHN *9 digits*: _____

Do you have additional Student Accident Insurance? YES NO

Any allergies? (specific drugs, certain foods, insect stings, hay fever, etc.)

YES _____ NO

Details regarding precautions, symptoms, treatment: _____

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

YES _____ NO

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 Schools 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.**