

## Medical Form

Parents are asked to complete this form and return it to the school. This information will be kept on file at the school and will be on hand during the trip for immediate referral in the event of a mishap or and emergency.

Name of Student: _____
Date of Birth: _____ (year/month/day)
Contact numbers for parents/guardians Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____ Cell: _____
Emergency contact person-someone who will be available during the duration of the trip Name: _____ Work Phone: _____ Cell: _____ Relationship: _____
Blue Cross Medical #: _____ Manitoba Health: 9 digit: _____ 6 digit: _____
School Insurance #(if purchased): _____
Any additional policy #: _____ Insurer: _____
Important health related information (prescription drugs taken, allergies, food considerations, etc):  _____  _____  _____
I hereby give permission for my child, to participate in the Acadia Junior High trip to Holiday Mountain in La Riviere, Manitoba that will take place on Thursday, February 4 to Friday, February 5, 2010. I recognize that my child will be expected to participate and behave in a manner appropriate to the Pembina Trails School Division's Standard of Behaviour.
Date: _____ Parent/guardian Signature: _____

