

ADDENDUM D

## Emergency Medical Treatment Form

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|  | SCHOOL:  Beaconsfield High School | |
| STUDENT’S NAME: GRADE LEVEL: | | |
| STUDENT’S QUÉBEC HEALTH INSURANCE NO. : | | EXPIRY DATE: |
| MEDICAL ALERTS, ALLERGIES, ETC. (SPECIFY TYPE): | | |
| IF MEDICATION HAS BEEN PRESCRIBED, PLEASE SPECIFY TYPE: | | |
| *- If the student is using prescribed medication for asthma and/or allergies, he/she must carry this medication on his/her person at all times. Failure to do so will result in the student being disallowed from participating in this event.*  ***- You are responsible for submitting a revised form if there any changes in the medical information you are providing.*** | | |
| NAME OF FAMILY PHYSICIAN (IF AVAILABLE): | | |
| EMERGENCY MEDICAL TREATMENT The undersigned hereby agrees that, in the event that I or my spouse or parent/tutor/guardian cannot be contacted within a reasonable period of time, the person in charge be appointed to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor be given to the above named student while participating in this activity, trip and related events.  NAME OF PARENT, TUTOR OR LEGAL GUARDIAN(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Neighbour or Relative  BUSINESS TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father Mother  CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GUARDIAN: Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MOTHER’S MAIDEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Relationship Date | | |

***This form must be completed for all types of trips or activities off school premises***