RICHMOND
SCHOOL DISTRICT NO.38

ALL Students must complete and Return

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION FORM

Student Name: _____ **Birth Date:** _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

_____

Reaction(s) to above?

_____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) include (be specific):

_____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

_____

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

_____

If prescribed medication is to be administered by staff, please complete the Request for Administration of Medication at School (SA105A)

Other Health/Medical/Dietary Concerns:

_____

Emergency Contacts

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone _____

Parent/Guardian who is filling out and signing this form:

Name *(please print)*	**Signature**	**Date** *(year/month/day)*