



Medical and Contact Information

For communication, safety, and emergency reasons please complete the following form. All information will be confidential, however it will be shared with the chaperones on the Band trip. If you have any concerns you would like to discuss, please contact Mrs. Chantelle Galvao - Music Director (cgalvao@sd63.bc.ca).

Student Name: _____ Birth Date: _____

Care Card #: _____

Parent Contact Name: _____

Phone Number (home): _____ Cell: _____

E Mail(s): _____

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number(s): _____

Is your child currently taking any medication? (Please specify if it is prescription, the name, the reason it is taken, instructions for use).

Does your child have any allergies? (Please specify)

Medications for allergies:

Do you carry an EpiPen for any reason? Describe:

Please list any/all medical conditions (heart disease, diabetes, etc...), psychological, and physical conditions (seizures, depression, back problems, joint problems, etc...) that may affect your ability to participate in the activity and field trips. Please make sure that I am informed and aware of any new or preexisting health conditions that may arise and affect participation.

Disclosure of Personal Medical Information: It is also important that you understand that we may need to share this medical information with chaperones on the trip for safety reasons. By signing the following, I give permission that my child's medical information be disclosed to the chaperones on the Band trip.

Parent's Signature