



**MEDICAL INFORMATION**

Name of Family Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Manitoba Medical Nos. \_\_\_\_\_(six digit family #)\_\_\_\_\_ (nine digit personal #)

Blue Cross or Other Health Insurance No. \_\_\_\_\_

MEDICAL HISTORY (conditions of which the school personnel should be aware):  
\_\_\_\_\_  
\_\_\_\_\_

Is the student taking any medication with him/her on an excursion? \_\_\_\_\_

If so, what is it and who is expected to administer this medication?  
\_\_\_\_\_  
\_\_\_\_\_

Should emergency medical services be required for your child during the excursion, the local medical personnel will be contacted immediately.

\_\_\_\_\_  
(Name of Parent or Guardian. Please print.)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Signature)

Adopted September 1, 2009		
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