



**- To Be Completed for Each Student/Child Attending Adventure-Based Activity -**

Student's Full Name: \_\_\_\_\_

NS Health Card #: \_\_\_\_\_ Age: \_\_\_\_\_ DOB (dy/mo/yr): \_\_\_\_\_

Home Civic Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

In case of emergency and parent(s)/guardian(s) cannot be reached at above phone #s, please notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STUDENT'S MEDICAL INFORMATION:**

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

Doctor's Office Address: \_\_\_\_\_

- My child does not have any illness, allergy, disability or injuries.
- My child has an illness, allergy, disability, or injury.  
 List all illnesses, allergies, disabilities or injuries: \_\_\_\_\_  
 \_\_\_\_\_
- My child will require medication while on this trip.  
 List medication: \_\_\_\_\_  
 \_\_\_\_\_

*I, hereby, give permission for emergency medical treatment to be administered to \_\_\_\_\_ (child's name), as may be determined in the reasonable discretion of the supervisors of this event. It is understood that the supervisor will take all reasonable steps to contact me (or my alternate) and inform me of the problem, diagnosis, required treatment and anticipated medical results.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date