

**LAKEHEAD DISTRICT SCHOOL BOARD**

**PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP**

Student Name:

Home Address:

Parent/Guardian Name:

Home Phone Number:

Work Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Date of Contact with Parent/Guardian to collaborate on a Medical Safety Plan:

**Medical information**

1. Is your child allergic to any drugs, food, or medication? Y / N  
If yes, provide details:
2. Does your child take any prescription drugs? Y / N  
If yes, provide details:
3. What medication (s) should the student have available during the activity?
4. Does your child wear a medical alert bracelet, neck chain, or carry a medical alert card? Y / N
5. Has your child been identified as anaphylactic? Y / N If yes, does your child carry an EpiPen? Y / N
6. Does your child wear eyeglasses? Y / N Contact Lenses Y / N
7. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, or allergies.

8. Please indicate any history (age 5 to present) of head (including concussions) or back conditions or injuries. Concussion related injuries form (OPHEA) must be completed by a physician before the student returns to class/sports activities.
  
9. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hearing aid, hearing aid, heart or lung disease or supports for physical mobility:
  
10. Please indicate any other medical condition that will require accommodation:
  - a) How does / will the bus or other mode of transportation have the means to deal with the prevalent medical condition?
  
  - b) How will appropriate food / restaurants be chosen to address the student's prevalent medical condition?
  
  - c) What is the plan for emergency action:
    - a. While travelling to the destination?
    - b. While at the destination?
    - c. While travelling from the destination?
    - d) Other considerations/ information/ knowledge?

This Prevalent Medical Conditions safety plan specific to the trip to

\_\_\_\_\_

on the date \_\_\_\_\_ has been developed in collaboration by:

\_\_\_\_\_

Parent/Guardian Signature

Field Trip Supervisor Signature

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