

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? Yes No
If yes, provide details:

2. Does your child take any prescription drugs? Yes No
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? Yes No

5. Has your child been identified as anaphylactic? Yes No

If yes, does your child carry an EpiPen? Yes No

6. Does your child wear eyeglasses? Yes No

Contact Lenses Yes No

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, 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
