

(PLEASE PRINT)

|                                  |  |                                  |    |
|----------------------------------|--|----------------------------------|----|
| <b>Destination:</b>              |  | <b>Cost:</b>                     |    |
| <b>Departure Date:</b>           |  | <b>Return Date:</b>              | -- |
| <b>Departure Time:</b>           |  | <b>Return Time:</b>              |    |
| <b>Transportation:</b>           |  | <b>Teacher:</b>                  | -- |
| <b>Student Family Name:</b>      |  | <b>Student Given Name:</b>       |    |
| <b>Date of Birth:</b>            |  | <b>Medicare No.:</b>             |    |
| <b>Parent/Guardian Work No.:</b> |  | <b>Home Telephone No.:</b>       |    |
| <b>Emergency Contact Name:</b>   |  | <b>Emergency Contact Tel. #:</b> |    |

Are you taking medication?

YES

NO

If YES, specify the name of the medication:

Are there any allergies or medical conditions we should be aware of?

YES

NO

If YES, specify the name of the medication and medical condition:

In case of an emergency, we will attempt to communicate with the emergency contact as soon as possible. If this is impossible, the undersigned authorizes EMSB representatives on-site to provide for assistance, medical or otherwise. Any and all expenses incurred, will be the responsibility of the participant.

I, \_\_\_\_\_,  
(name of student)

understand that all rules applicable to the school will also govern the trip. If any of these rules are broken, I understand that I will be sent home immediately at my own cost.

I also acknowledge that the English Montreal School Board will not be held responsible for any loss or injury that may occur during or as a result of this trip.

STUDENT SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

