



# WELLINGTON HALL ACADEMY GUELPH, ONTARIO

## MEDICAL PERMISSION FORM

(Note: This form will accompany teachers on all school trips. Should any information change, please update as soon as possible. Please make sure all information requested is legible.)

\_\_\_\_\_  
Student Name (Last, First)

\_\_\_\_\_  
OHIP No. & Expiry date (if any)

\_\_\_\_\_  
Birth date: yyyy mmm dd

\_\_\_\_\_  
Family doctor name & phone number

\_\_\_\_\_  
Allergies (drug, food, etc.)

\_\_\_\_\_  
Specific health problems

### Emergency Contact Information (contact will be attempted in the order given):

1. \_\_\_\_\_  
Name Relationship Phone number(s)
2. \_\_\_\_\_  
Name Relationship Phone number(s)
3. \_\_\_\_\_  
Name Relationship Phone number(s)

I am authorized to and hereby give permission for an attending physician or other responsible medical provider to administer any emergency treatment that may be necessary for my child. I also understand that Wellington Hall Academy will attempt to contact the individuals named above in the order provided, as soon as possible in case of an emergency.

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

\_\_\_\_\_  
Date