



LL#121381

**STUDENT EMERGENCY MEDICAL INFORMATION**

**\*\*PARENTS MUST NOTIFY SCHOOLS IN WRITING OF ANY CHANGES TO THEIR CHILD'S MEDICAL INFORMATION DURING THE COURSE OF THE YEAR.**  
**\*\*PARENTS MUST COMPLETE THIS FORM ANNUALLY.**

**FIELD TRIP EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Manitoba Health Personal Health Identification Number (PHIN) (9-digits): ON FILE ☐ NOT ON FILE ☐Student School Accident Insurance: ☐ Yes ☐ No Other Insurance Provider: \_\_\_\_\_Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:  
\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ NoDoes this student have a URIS file? ☐ Yes ☐ NoMedical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:  
\_\_\_\_\_Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  
\_\_\_\_\_Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_Other Health/Medical/Dietary Concerns:  
\_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H/C) \_\_\_\_\_ (W) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H/C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This page to be retained by school and teacher-in-charge\***\*N.B. **Teacher-in-charge**: this information is confidential and must be treated as such when in your possession.*

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, The Education Administration Act, the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA), and will be used and disclosed for the purpose of participating on school trips. I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under FIPPA and PHIA. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the SJASD, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone (204) 888-7951.