



# Local, Low Risk EOTC Generic Medical Form and Permission Slip

**NAME:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**MEDICAL CONDITIONS:**

My child has the following medical condition:

\_\_\_\_\_  
\_\_\_\_\_

My child takes the following medication:

\_\_\_\_\_

**PARENT/CAREGIVER HELP**

**Yes**

**No**

I would like to be a parent/guardian helper during the course of the year. I am happy to be police vetted in order to become a parent/guardian helper. Please ask for a police vet form at the school office.

I give my permission for \_\_\_\_\_ to participate in local EOTC activities. Permission is being given for the day to day activities which include walking to local facilities, PE runs, and Cross Country runs.

I am aware other activities such as swimming, class camps, overnight activities and trips to Hamilton will require separate permission. Information for these activities will be sent via the normal channels.

**PARENT'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTAL ADDRESS** *(if different from above)* \_\_\_\_\_

**CONTACT PHONE NUMBERS:** ..... (day) .....

(evening) .....(mobile) .....

**EMERGENCY CONTACT PERSON AND PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_