



# Medical Fitness Form Parent/Guardian Consent Form

Appendix B, AP-418 Learning Experiences Outside of the School

School: \_\_\_\_\_

Name of Child: \_\_\_\_\_

1. Do you consider your child to be in a state of good health for physical activities?  Yes  No
2. Does your child require any type of medication?  Yes  No

If yes, please list: \_\_\_\_\_

Can they self-administer?  Yes  No

3. Are you aware of any health conditions?

Heart Condition  Yes  No Diabetes  Yes  No

Asthma or Respiratory Condition  Yes  No Epilepsy  Yes  No

Seizures  Yes  No

Allergies  Yes  No \_\_\_\_\_  
*list pertinent allergies*

Others  Yes  No \_\_\_\_\_  
*list other ailments*

School has a response plan in place that has been approved by a physician:  Yes  No

4. Please list any special diet requirements: \_\_\_\_\_

5. If you have any concerns regarding your child's health, we ask that you assume responsibility for a medical examination prior to this out-of-school experience.

6. Please provide the following information:

\_\_\_\_\_  
Name of Family Doctor

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Saskatchewan Health Card Number

\_\_\_\_\_  
Other or Extended Medical Coverage

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

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Date