



TORONTO CATHOLIC DISTRICT SCHOOL BOARD CONSENT TO MEDICAL TREATMENT

(a) When on Field Trips

and (b) When parents cannot be contacted

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

To: Any Qualified Health Care Provider

CONSENT TO MEDICAL TREATMENT

I hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child, _____

Child's Name

including the administration of an anaesthetic and the performance of any necessary operation during the period _____ to

Y - M - D

Y - M - D

Dated at _____ this _____ day of _____

Health Card Number: _____

Signature of Parent or Guardian
(Signature of student if over 18 years of age)

Date