



Livingstone Range School Division
Volunteer Medical Information

Health Information: Teacher / Coach / Leader in Charge will have a photocopy of this information during the Off-Site Activity(ies) to address health and medical needs including emergencies and may share this information with others as deemed necessary.

Please Complete the Following

Volunteer Name: _____

Birth Date: _____ AHC #: _____
(Required if trip is outside Alberta)

Allergies: _____

Medical Conditions:

Medications Taken (Name, Reason, Dosage):

Medical Treatment Restrictions (if any) e.g., Blood Transfusions:

Dietary Restrictions (if any):

Other Concerns:

Emergency Contacts:
Name: _____
Phone: _____ (H) _____ (W) _____ (C)

Name: _____
Phone: _____ (H) _____ (W) _____ (C)

I understand and consent to the above as described herein:

Date: _____ Name (please print): _____

Signature: _____

The personal information contained on this form is collected under the authority of the Public Schools Acts, the Education Administration and the freedom and Protection of Privacy Act for the purposes of participating on school trips. If you have any questions about this form, please contact your school Principal.