



# 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 \_\_\_\_\_  
2014-05-16 2014-05-16  
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**