



# Ottawa Adventist School

2191 Benjamin Avenue, Ottawa, Ontario K2A 1P6  
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**Christian Education An Adventist Essential**



<b>Consent Form</b>		School Year Period
Emergency / Medical Treatment		
<b>STUDENT INFORMATION</b>		
Family Name	Given Name	Middle Name
Home Address		
City	Province	Postal Code
		Home Phone No.
<b>MEDICAL INFORMATION</b>		
O.H.I.P. No.	Doctor's Name	Doctor's Phone No.
Medical allergy (ies), condition(s) and / or information, we should be aware of		
<b>EMERGENCY CONTACT INFORMATION</b>		
Family Name	Given Name	Relationship
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify: Pager <input type="checkbox"/> Cellular <input type="checkbox"/> Other <input type="checkbox"/>
<p>I hereby give permission, (subject to staff attempting to contact me or my designate), to the teacher to allow my child to have necessary emergency medical treatment. The emergency at the nearest Hospital, or as determined by emergency personnel, is where my child may be taken for medical treatment.</p>		
Parent's or Guardian's Full Name — Printed	Signature	Date (mm/dd/yyyy)