

Health Information

Student Name: _____

1. Family Physician _____ **Phone #** _____

2. Ontario Health Card # _____

3. Parent/Guardian _____

4. Home Phone _____ **Work Phone** _____

5. (a) Does the student suffer from any of the following? If YES, please check.

Migraine Headaches _____ Digestion Problems _____

Fainting Spells _____ Allergies _____

Ear, Nose, Throat Infections _____ Epilepsy _____

Urinary Infections _____ Cerebral Palsy _____

Skin Conditions _____ Orthopaedic problems _____

Heart disorders _____ Diabetes _____

Asthma _____

Other (please specify) _____

(b) Head or back conditions or injuries (in the past 2years) _____

(c) Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen or painful joints, trick or lock knee

(d) What precautions are required? _____

(e) What things must the student not do? _____

6. Blood Type (if known) _____

7. If she/he has allergies, what type? _____

Does student carry an Epi Pen? _____ **Who should administer?** _____

8. Is a special diet required for medical reasons? Yes _____ No _____

9. Eye glasses? Yes _____ No _____ **Contact Lenses?** Yes _____ No _____

10. Does student wear a medic alert bracelet, chain, or carry a medical card?
Yes _____ No _____ **If yes, please specify which** _____

11. Nature of problem or concern _____

12. Is the student prescribed any medication? _____ **Type of medication** _____

How often administered? _____

Who should administer medication? _____

Side Effects _____

Storage of Medication _____

Emergency Contact Name _____ **Phone Number** _____

Alternate Emergency Name _____ **Phone Number** _____

I acknowledge that in the event that a) my child suffers from anaphylactic reactions that he/she will carry at least two (2) epinephrine injectors on the trip; b) my child is prescribed medication that he/she will carry a supply of medication sufficient for the duration of the trip plus an additional 50% supply; c) in the event that the medication requirements a) and/or b) are not met then he/she shall not be allowed to attend on the trip.

Parent/Guardian's Signature

or

Signature of Student over 18: _____ **Date** _____