**Health Information**

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| **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.

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| **Parent/Guardian’s Signature or** **Signature of Student over 18:**  |  | **Date** |  |