**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.

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