

Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

The following information will be helpful to the teacher in making your child/ward comfortable and safe

Teacher:		Grade/Class:		
Parent/Guardian:		Telephone: (H)	(B)	
	Family Doctor:			
edical Conditions				
	nt medical conditions, physical limitations,	or any other concerns that might affe	ect your child's/ward's full	
participation in excursions/s				
θ Asthma	θ Fainting Spells	θ History of head injuries	θ Rheumatic Fever	
θ Chronic Nosebleed	θ Feet or Leg problems	θ Migraine	θ Seizures	
θ Diabetes	θ Hemophilia/Bleeding disorders	θRash	θ Sleepwalking	
θ Digestive upsets	θ Heart problems	θ Recent illness or operation	θ Urinary infections	
θ Ear, Nose, Throat infection	-	θ Other		
	len, painful joints; 'trick or lock' knee or ot			
	eatment for each of the above conditions in			
Please explain if your c	child/ward has any medical condition that re	equires any modification of his/her pr	ogram	
llergies/Asthma				
Please list all known confirm	ned allergies to the following:			
(a) Foods:				
If foods are life-threate	ning, please explain the symptoms and the	treatment:		
(b) Madiantiana				
(b) Medications:	stings, environmental allergies):			
(c) Other (e.g., bee of wasp	stings, environmental anergies).			
Has your child/ward suffere	d any serious allergic or asthmatic reaction	9		
	tails, including the type and severity of read			
Is allergy considered:	Mild Moderate Serious I	ife-Threatening		
	Epi-Pen for your child/ward? Yes No			
	nhaler for asthma? Yes No (Presc		d by the student on the excursion	
	nhaler for any other reason? Yes No No No		a by the student on the excutsion.	
-	indici for any other reason. res rio_			
ietary Restrictions				
Please list any foods your cr	nild/ward should not eat for medical, dietary	y, or religious reasons:		
edication				
	prescribed medication on a regular basis? Pl	ease specify:		
	(s) should your child/ward have with him/h			
1	(b) should your ennie, ward have with him/h			
eneral				
	ear or carry medical alert identification (e.g			
If yes, please specify w	hat is written on it:			
		at will require modification of the pro	gram? Yes No	
If yes, please explain:	ve any special fears or conditions (e.g., anx	intry had watting nightmana) the la	nowladge of which will allow the	
	dent's excursion more relaxed? Yes N			
	my child/ward to have medical care, I ho ce for my child/ward. I also understand t			
possible.				
Name of Parent/Guardi	an:		(Please print)	
	ardian:			
Numanire of Parent/(in	ALCHAU.		Date:	

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