# 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 .**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:

Teacher:  Grade/Class:

Parent/Guardian: Telephone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B)

Ontario Health Number: Family Doctor: Telephone:

### Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child’s/ward’s full participation in excursions/school activities.

 Asthma Fainting Spells History of head injuries Rheumatic Fever

 Chronic Nosebleed Feet or Leg problems Migraine Seizures

 Diabetes Hemophilia/Bleeding disorders Rash Sleepwalking

 Digestive upsets Heart problems Recent illness or operation Urinary infections

 Ear, Nose, Throat infections Hernia Other

 Dislocated shoulder; swollen, painful joints; ‘trick or lock’ knee or other joint disability

Give details of usual treatment for each of the above conditions indicated:

Please explain if your child/ward has any medical condition that requires any modification of his/her program.

### Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods:

If foods are life-threatening, please explain the symptoms and the treatment:

(b) Medications:

(c) Other (e.g., bee or wasp stings, environmental allergies):

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction:

Is allergy considered: Mild\_\_\_\_ Moderate\_\_\_\_ Serious\_\_\_\_ Life-Threatening\_\_\_\_

Has a doctor prescribed an Epi-Pen for your child/ward? Yes\_\_\_\_ No\_\_\_\_

Has a doctor prescribed an inhaler for asthma? Yes\_\_\_\_ No\_\_\_ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes\_\_\_\_ No\_\_\_\_

### Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons:

### Medication

Does your child/ward take prescribed medication on a regular basis? Please specify:

What prescribed medication(s) should your child/ward have with him/her during the excursion?

### General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes\_\_\_\_ No\_\_\_\_

 If yes, please specify what is written on it:

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes\_\_\_\_ No\_\_\_\_

 If yes, please explain:

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student’s excursion more relaxed? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain:

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Please print)*

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_