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*.

Camper name: Age:

Date of Birth (d/m/y):

Parent/Guardian: Phone:

Ontario Health Number:

Family Doctor: Phone:

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
- ❑ Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability
- ❑ Other

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: (Food, Medications, Bees, Wasps, Environmental Allergies, etc.)

_____

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

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
(Prescribed epi-pens must be carried by the student)

Has a doctor prescribed an inhaler for any reason? Yes / No
(Prescribed asthma inhalers must be carried by the student)

Dietary Restrictions

Please mark with an "X" any foods your child/ward should not eat for medical, dietary, or religious reasons:

Does your child require Halal? √ - YES	Nut	Beef	Pork	Chicken	Turkey	Fish	Dairy	Dairy as ingredient	Milk as ingredient	Egg	Egg as an ingredient	Is there any other information about your child's dietary needs that we should know? (eg. No meat on Tuesday)

Medication

Does your child/ward take prescribed medication on a regular basis? Yes / No

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 staff 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 camp staff 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: _____