

Student Last Name: _____

Please print clearly

Student First Name: _____

Please print clearly

Please complete all areas with an X, any medical information as applicable and sign at the bottom. Thank you!

Medical Information Form (511E)

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

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

Student: X _____ Date of Birth: X _____

Teacher: Forest Hill Collegiate Institute _____ Grade/Class: 9 _____

Parent/Guardian: X _____ Telephone: (H) X _____ (B) X _____

Ontario Health Number: X _____ Family Doctor: X _____ Telephone: X _____

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
- Chronic Nosebleed
- Diabetes
- Digestive upsets
- Ear, Nose, Throat infections
- Sickle Cell Disease
- Fainting Spells
- Feet or Leg problems
- Hemophilia/Bleeding disorders
- Heart problems
- Hernia
- History of head injuries
- Migraine
- Rash
- Recent illness or operation
- Other _____
- Rheumatic Fever
- Seizures
- Sleepwalking
- Urinary infections

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, and 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: X _____ (Please print)

Signature of Parent/Guardian: X _____ Date: X _____