Toronto District School Board

Form 511E
Aug. 30, 2004

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.

θ Asthma
θ Chronic Nosebleed
θ Diabetes
θ Digestive upsets
θ Ear, Nose, Throat infections
θ Fainting Spells
θ Feet or Leg problems
θ Hemophilia/Bleeding disorders
θ Heart problems
θ Hernia
θ History of head injuries
θ Migraine
θ Rash
θ Recent illness or operation
θ Other ______________________
θ Rheumatic Fever
θ Seizures
θ Sleepwalking
θ Urinary infections
θ 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: _____________