

## 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.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Fainting Spells               | <input type="checkbox"/> History of head injuries    | <input type="checkbox"/> Rheumatic Fever    |
| <input type="checkbox"/> Chronic Nosebleed  | <input type="checkbox"/> Feet or Leg problems          | <input type="checkbox"/> Migraine                    | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash                        | <input type="checkbox"/> Sleepwalking       |
| <input type="checkbox"/> Digestive upsets   | <input type="checkbox"/> Heart problems                | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections   | <input type="checkbox"/> Hernia                        | <input type="checkbox"/> Other _____                 |   |
| <input type="checkbox"/> 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: \_\_\_\_\_