

Student Health/Medical Form for Higher Care Off-site Activities/Travel Excursions

If a higher care program or activity involves unparented supervision of minors, then the consent form should be accompanied by a health/medical form; either separate or integrated into the consent and acknowledgment of risk form. The sample provided here includes the basics. For short-term on-site programs, an abbreviated version may suffice as typically done once at the beginning of each school year. For an extended higher care program where the teachers/leaders will likely be standing in the place of the parents/guardians (e.g., leader of students on a wilderness expedition, sports team or performance group that travels out of province without the students' parents/guardians), the information exchange suggested here may be the minimum needed.

STUDENT HEALTH/MEDICAL FORM FOR HIGHER CARE OFF-SITE ACTIVITIES / TRAVEL EXCURSIONS

HEALTH/MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)		
Student's Name: _____		
Birth Date: _____	Student's Provincial Personal Health Care No.: _____	Other Accident Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the student's immunization and booster shots up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		
<p>Known Conditions</p> <p>Does the student have any medical, physical or other conditions? Check all that apply:</p> <p><input type="checkbox"/> Recent illness or injury</p> <p><input type="checkbox"/> Recent hospitalization or surgery</p> <p><input type="checkbox"/> Recent contact with any communicable disease</p> <p><input type="checkbox"/> Physical disabilities or limitations</p> <p><input type="checkbox"/> Hip, knee, ankle, shoulder, arm or back injury or any other joint problems</p> <p><input type="checkbox"/> Eye, ear, or throat problems</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Serious fears (e.g., the dark, water),</p> <p><input type="checkbox"/> ADD, ADHD or other behavioural condition</p> <p><input type="checkbox"/> Learning conditions</p> <p><input type="checkbox"/> Other condition(s) that may affect participation in the activity: _____</p>		<p>Provide additional detail regarding any checked items:</p>
<p>Allergies</p> <p>Does the student have any allergies (e.g., specific drugs, certain foods, insect stings, hay fever, grass, pollen, animals, other)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____</p> <p>Carries: Inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Knows how to use it: Inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If child has severe allergies, request and complete a Notification of Severe Allergies form.</p>		
<p>Program Modifications / Excluded Activities</p> <p>Specify the condition(s) and requirements for program modification, or specific activities your child/ward may not participate in:</p> 		
<p>Medications</p> <p>Medication(s) the student is taking at this time (prescription and non-prescription):</p> <p>_____</p> <p>If medication(s) need to be taken during program time, request and complete a Medication Administration Form.</p>		
Any Other Health/Medical/Dietary Concerns		
Name of Doctor _____ Phone # _____		
<p>Emergency Contacts:</p> <p>1) _____ Phone: (H) _____ (W) _____ (C) _____</p> <p>2) _____ Phone: (H) _____ (W) _____ (C) _____</p>		
Parent/Guardian Name (please print) _____ Signature _____ Date _____		

Personal information contained on this form is collected under the authority of the *School Act* for the purpose of participating in © school trips. If you have any questions about this form, please contact your school administrator.