District School Board Ontario North East

STUDENT MEDICAL HISTORY FORM

Parents/Guardians are asked to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in physical education and/or intramural activities. This form must be completed and signed for every student participating in overnight trips and on school teams. Students over 18 years of age may complete and sign their own form. Some of the information requested may have to be obtained from your doctor or pharmacist.

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE(s): _____ **FAMILY DOCTOR:** _____

TO CONTACT IN CASE OF EMERGENCY (If Parent/Guardian cannot be reached at above numbers):

	Name:	Relation to Student:	Phone(s):
1.			
2.			

ALERT: This student has a medical condition that requires special attention / consideration.

☐ **YES**

PARENTS: If "YES" please contact the teachers and/or coaches to discuss the medical condition.

TEACHERS: If "YES", a copy of the Plan of Care must accompany the student on all field trips / excursions, and be in the care of the field trip supervisor.

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

1. **Life-Threatening Medical Conditions:**
Does your child require ***emergency medication*** in case of a life-threatening medical condition? ☐ **YES**
If yes, please give details of medical needs and procedures:

_____

_____

(NOTE TO PARENTS: Emergency medication must accompany the student at all times.)

2. **Medical Conditions:**
Has your child been diagnosed as having any of the following medical conditions? ☐ **YES**

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Heart Disorders
☐ Allergies ☐ Chronic Bronchitis ☐ Car/Air Sickness ☐ Other

Please provide full details: _____

_____

_____

3. Physical Ailments:

Please check any that apply and provide relevant details. ☐ **YES**

☐ Arthritis/Rheumatism ☐ Spinal Conditions ☐ Dizziness ☐ Fainting
☐ Orthopedic Conditions ☐ Chronic Nosebleeds ☐ Headaches ☐ Hernia
☐ Trick or Lock Knee

Relevant Details: _____

_____

☐ Swollen, Hyper-mobile or painful joints: _____
☐ Head/Back conditions or injuries, including any diagnosed concussions (in the past 2 years):

_____

4. Medic Alert Information:

Does your child carry a medical alert? If yes, please indicate what type: ☐ **YES**

☐ Bracelet ☐ Chain ☐ Card ☐ Other: _____

Please specify what is written on it: _____

5. Has the student undergone any surgery? ☐ **YES**

If yes, please give particulars:

_____

6. Medications:

Does your child take any prescription drugs? ☐ **YES**
If yes, please state the nature and name of the medication, and provide details regarding how and when it is administered, and by whom.

_____

_____

(**NOTE TO PARENTS:** An adequate supply must be provided, in labeled prescription bottle, for any school trips/excursions)

7. Medication Allergies:

Is your child allergic to any of the following medications? If yes, please indicate: ☐ **YES**

☐ Penicillin ☐ Tetracycline ☐ Sulpha Compounds ☐ Other: _____

Any relevant details: _____

8. Is the student allowed a blood transfusion? ☐ **NO** ☐ **YES**

9. Oral, Hearing and Visual Appliances:

Does your child wear any appliances? If yes, please check all that apply: ☐ **YES**

☐ Eyeglasses ☐ Orthodontic Appliance ☐ Hearing Aid
☐ Contact Lenses ☐ Crowns ☐ Other: _____

10. Is the student on any special diet or prevented/not allowed to eat certain foods? ☐ **YES**

If yes, please provide details: _____

_____

11. Do you know of any reason whatsoever that may cause this student not to participate in school trips, sports or other activities? If yes, please provide details: ☐ **YES**

_____

_____

12. Are there any other special considerations that the school should be aware of? ☐ **YES**

If yes, please provide details: _____

_____

PLEASE NOTE:

If your child is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Documentation of Medical Examination (Concussion Procedures Appendix D-4) must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

ELEMENTS OF RISK NOTICE:

Excursions, sports and daily activities may present various elements of risk. Accidents resulting from such activities may occur and cause injury. The risk of sustaining injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. By choosing to participate in this activity, the risk MUST be assumed by the participants and their parents/guardians. I hereby release District School Board Ontario North East and its staff and agents from any and all liability for any injury sustained by me and/or my child named above, regardless of how caused, resulting from my/their participation in the excursions, sports and daily activities.

I acknowledge and have read the Elements of Risk Notice.

Name of Parent/Guardian (Please Print)	**Signature of Parent/Guardian**	**Date**

PHYSICAL ACTIVITY PERMISSION:

I give permission for my child to participate in physical activity in class, intramural clubs and/or inter-school sports, and school field trips/excursions.

I hereby declare that this form has been correctly completed, and that I am fully responsible for the contents therein. In the event of a medical emergency, it is understood and agreed upon that the leader/teacher will take whatever action appears necessary until the parent/guardian can be contacted.

Once completed, this form will be filed in the student's Ontario School Record (OSR) and is considered accurate until the parent/guardian/adult student completes and submits an updated Student Medical History Form.

Name of Parent/Guardian (Please Print)	**Signature of Parent/Guardian**	**Date**

FREEDOM OF INFORMATION - The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.