

Personal Health Form - Students

1. Family Doctor: _____ Phone () _____

2. Provincial Health Number _____

3. Are corrective lenses required? Yes _____ No _____ Contacts? Yes _____ No _____

4. If the student has allergic reactions to things such as food, insect stings, etc. please complete the following:

| <i>Allergy</i> | <i>Life Threatening</i> | <i>Allergy</i> | <i>Life Threatening</i> |
|----------------|-------------------------|----------------|-------------------------|
| _____ | Yes _____ No _____ | _____ | Yes _____ No _____ |
| _____ | Yes _____ No _____ | _____ | Yes _____ No _____ |
| _____ | Yes _____ No _____ | _____ | Yes _____ No _____ |

5. Is the student subject to any of the following?

| | | | |
|-------------------|--------------------|-----------------------|-----------------------|
| _____ Arthritis | _____ Convulsions | _____ Motion Sickness | _____ Diabetes |
| _____ Ear Trouble | _____ Nightmares | _____ Respiratory | _____ Other (specify) |
| _____ Bed Wetting | _____ Sleepwalking | _____ Headaches | _____ |

6. Chronic conditions or recent illnesses that the staff should be aware of? _____

7. Please provide details of treatment required and name of medication the student will be bringing with them if required for the above medical condition.

8. Are there any dietary concerns or limitations of which the staff should be aware?

9. Are there any medications that the student should carry themselves? (inhaler, epi-pen etc.)

Yes No If yes, please specify: _____

Medications: Any medication (over the counter and / or prescribed) required by students must be brought in the original packaging with dosage instructions and clearly labelled with the students' name. Medications will be given to the designated adult upon arrival for the event. The designated adult will supervise the taking of the medication during the event. No medicine will be administered that has not been provided by the parent.

Every care and attention will be given to the health and comfort of the participant.

I hereby authorize a Menno Simons Christian School representative to secure medical advice and services (e.g. contacting EMS / ambulance) as may be deemed necessary for the health and safety of my child / ward during this event. I agree to accept financial responsibility in excess of benefits allowed by Alberta Health Care.

Signature of Parent / Guardian Date: _____