



Halton District School Board

STUDENT MEDICAL INFORMATION FORM

(This form is to be completed on behalf of any student who wishes to participate in an excursion.)

School: _____

Name of Student: _____ Home Phone: _____

Date of Birth: _____ Health Card No.: _____

Address: _____

_____ Postal Code: _____

Parent/Guardian: _____ Work Phone: _____

(Mother)

_____ Work Phone: _____

(Father)

Emergency Contact (if parents not available): _____

Phone: _____

Name of Physician: _____ Phone: _____

MEDICAL INFORMATION

NOTE TO PARENTS: An annual medical examination is strongly advised, especially if there has been a recent injury/illness.

1. Date of last complete medical examination: _____

2. Date of last tetanus immunization: _____

3. Is your son/daughter allergic to any drugs, food or medications? Yes _____ No _____

If yes, please list: _____

Does your son/daughter carry an Epi-Pen? Yes _____ No _____

4. Is your son/daughter currently taking any medication or drugs for which a prescription is required?

Yes _____ No _____

If yes, provide details: _____

Would the medications be required during athletic competition, either practices or games?

5. Does your son/daughter wear:

Glasses? Yes _____ No _____ Contact lenses Yes _____ No _____

Hearing aid(s)? Yes _____ No _____

Medical Alert bracelet or necklace? Yes _____ No _____

For: _____

Carry a medical alert card? Yes _____ No _____

For: _____

6. Does your son/daughter have or have they ever had any of the following:

Arthritis/Rheumatism	Yes _____	No _____	Diabetes	Yes _____	No _____
Asthma	Yes _____	No _____	Chronic Nose bleeds	Yes _____	No _____
Dizziness	Yes _____	No _____	Fainting	Yes _____	No _____
Epilepsy	Yes _____	No _____	Heart Trouble	Yes _____	No _____
Headaches	Yes _____	No _____	Skin Condition	Yes _____	No _____
Hernia	Yes _____	No _____	"Trick" or Lock Knee	Yes _____	No _____
Stomach Problems	Yes _____	No _____	Head, neck or back injuries	Yes _____	No _____
Travel Sickness	Yes _____	No _____	(within past two years)		
Swollen, hypermobile or painful joints	Yes _____	No _____			

Other (please specify) _____

7. Please provide details of any factor that may limit your child's participation on this trip:

Signature of Parent/Guardian *Date*