

**JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD**  
**MEDICAL INFORMATION FORM**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone:      Father \_\_\_\_\_      Mother \_\_\_\_\_

Family Doctor: \_\_\_\_\_      Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_      Policy No. \_\_\_\_\_

Health Card Number: \_\_\_\_\_

**MEDICAL HISTORY: Please provide the following information. All information will be kept strictly confidential.**

<i>Medical Problem</i>	<i>No</i>	<i>Yes</i>	<i>Details</i>
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Eczema	_____	_____	_____
Recent Illness	_____	_____	_____
Other	_____	_____	_____

Date of last Tetanus shot: \_\_\_\_\_

Is the student on medication?    \_\_\_\_\_ (yes)    \_\_\_\_\_ (no)    If 'yes', give details including:

1. Name of Medication: \_\_\_\_\_
2. Amount Given: \_\_\_\_\_
3. When it is Administered: \_\_\_\_\_
4. Reason for the Medication: \_\_\_\_\_  
\_\_\_\_\_

Drug Allergies?      \_\_\_\_\_(yes)      \_\_\_\_\_(no)      Details \_\_\_\_\_  
\_\_\_\_\_

Food Allergies?      \_\_\_\_\_(yes)      \_\_\_\_\_(no)      Details \_\_\_\_\_  
\_\_\_\_\_

(see over)

MEDICAL INFORMATION FORM

I give consent for my child to receive *non-prescription* medication such as Tylenol, Advil, or Benadryl etc. for the duration of the trip at the discretion of the group leader.

\_\_\_\_\_(yes)    \_\_\_\_\_(no)    Details \_\_\_\_\_

I, \_\_\_\_\_ of the town of \_\_\_\_\_,  
 (parent's/guardian's full name)

give permission for \_\_\_\_\_ to administer the medication, named in  
 this Form, in the amounts and at the time specified to \_\_\_\_\_  
 (child's first and last name)

For the period \_\_\_\_\_ to \_\_\_\_\_.  
 (start date) (end date)

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_

**N.B. THIS FORM IS TO BE RETAINED BY THE GROUP LEADER.**

(Non-prescription drugs will not be administered by staff of the James Bay Lowlands Secondary School Board or chaperones for this excursion unless authorized by a parent or guardian. Procedures outlined in Administrative Procedure 206 are to be followed.)

Authorization for the collection of this information is in the *Education Act, R.S.O. 1990, S.266*. Users of this information are the excursion leader and group leaders. The Form is used as quick access to pertinent information in case of emergency. This Form will be used for the duration of the excursion and destroyed following it. The contact person is the supervisory officer.