

## Medical Information Form

### School, Physical Education, Off-Site Activities, Intramurals & Clubs

Student's Name:	
Home Address:	
Parent/Guardian Names:	
Home Phone #:	
Cell Phone #1:	
Physician Name:	
Physician Phone #:	
Health Card # (optional):	
Emergency Contact Name:	
Emergency Contact Phone #:	

**NOTE: An annual medical examination is recommended.**

#### MEDICAL INFORMATION

1. Date of last complete examination: \_\_\_\_\_
2. Date of last tetanus immunization: \_\_\_\_\_
3. Is your son/daughter/ward allergic to any drugs, food or medication/other? YES NO
4. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? YES NO
  - If yes, provide details. \_\_\_\_\_
5. Has your son/daughter/ward been identified as being anaphylactic? YES NO  
 If yes, does he/she carry an EpiPen? YES NO
6. Does your son/daughter/ward take any prescription drugs? YES NO
  - If yes, provide details \_\_\_\_\_
  - What medication(s) should the participant (son/daughter/ward) have available during the sport activity? \_\_\_\_\_
  - Who should administer the medication? \_\_\_\_\_
7. Does your son/daughter/ward wear eyeglasses? YES NO
  - Orthodontic appliances? YES / NO      Crowns YES / NO      Bridges? YES / NO

8. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:

- Epilepsy, diabetes, orthopaedic problems, hearing loss, asthma, allergies, heart disorder

---

- Head or back conditions or injuries

---

- Diagnosed concussion (in the past three years)

---

- Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen or hyper mobile or painful joints, trick or lock knee, etc.

---

9. Please indicate any other medical condition that will limit participation or require modification to the activity program:

---

---

**NOTE:**

**If a concussion has been diagnosed over the summer break, the documentation for a Diagnosed Concussion – Return to Learn & Return to Physical Activity Plan form must be completed by a physician before the student returns to class/intramural and interschool activities.**