

Churchill Secondary

Medical Information For Field Studies

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OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant.
(Please print carefully and legibly)

Student Name: _____ Birth Date: _____

Grade/Program: IB Year One (Grade 11) Teacher: Ms Puzio

Address: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Inhaler? ☐ Yes ☐ No Medical Alert Bracelet? ☐ Yes ☐ No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: _____

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use their best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____