**Medical Information Form
School, Physical Education, Off-Site Activities, Intramurals and Clubs**

Student Name:

Home Address:

Parent/Guardian Names:

Home Phone:

Cell Phone:

Physician Name:

Physician Phone:

Health Card (Optional):

Emergency Contact:

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?
4. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medic alert card?
	1. If yes, provide details:
5. Has your son/daughter/ward been identified as being anaphylactic?
	1. If yes, does he/she carry an EpiPen?
6. Does your son/daughter/ward take any prescription drugs?
	1. If yes, provide details:
	2. What medication(s) should the participant (son/daughter/ward) have available during the sport activity?
	3. Who should administer the medication?
7. Does your son/daughter/ward wear eyeglasses?
8. Does your son/daughter/ward wear Orthodontic appliances?
9. Does your son/daughter/ward have crowns or bridges?
10. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
	1. Epilepsy, diabetes, orthopaedic problems, hearing loss, asthma, allergies, heart disorder:
	2. Head or back conditions or injuries:
	3. Diagnosed concussion (in the past three years):
	4. Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen or hyper mobile or painful joints, trick or lock knee, etc.:
11. 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 “Request to Resume Participation – Concussion Related Injuries Form” must be completed by a physician before the student returns to class/intramural and interschool activities**.