

## 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? \_\_\_\_\_\_

4904 – 50 Street, Innisfail, Alberta T4G 1W4 Phone: (403) 227-7070 Fax: (403) 227-3652 www.chinooksedge.ab.ca 7. Does your son/daughter/ward wear eyeglasses?

- Orthodontic appliances? YES / NO
  Crowns YES / NO
  Bridges? YES / NO
- Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
  - Epilepsy, diabetes, orthopedic 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.
- 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.