

Student Name:

Ontario Health Card #:

Parent(s)/Guardian(s) Name(s):

Home Phone:

Cell Phone:

Emergency Contact Name:

Phone Number:

Has the student been diagnosed with any of the following? If YES, please check:

Migraine Headaches

Fainting Spells

Ear, Nose, Throat Infections

Urinary Infections

Skin Conditions

Heart Disorders

Asthma

Other (please specify):

Head or back conditions or injuries (in the past two years):

Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen or painful joints, trick or lock knee?

Digestion Problems

Allergies

Epilepsy

Cerebral Palsy

Orthopedic Problems

Diabetes

What precautions are required?

What things must the student not do?

If allergies, what type?

Does student carry an EpiPen? Yes No

Is a special diet required for medical reasons? Yes No

Please specify:

Does your child wear Eyeglasses? Yes No Contact Lenses? Yes No

Does your child wear a medic alert bracelet, chain, or carry a medical card? Yes No

Please specify which:

If yes, what is written on it?

Nature of problem or concern:

Is your child prescribed any medication? Yes No

- i) Type of medication:
- ii) How often administered and by whom?
- ii) Side Effects:
- iii) Storage of Medication

I acknowledge that in the event that:

a) my child suffers from anaphylactic reactions that they will carry at least two (2) epinephrine injectors on the trip;

b) my child is prescribed medication that they will carry a supply of medication sufficient for the duration of the trip plus an additional 50% supply;

c) in the event that the medication requirements a) and/or b) are not met then they shall not be allowed to attend the trip.

Questions to be addressed in the development of the plan:

- a) How does / will the bus/airline/other mode of transportation have the means to deal with the prevalent medical condition?
- b) How will appropriate food / restaurants be chosen to address the student's prevalent medical condition?
- c) Who will speak to the restaurant manager / food provider to indicate and plan for the student's prevalent medical condition?
- d) What is the plan for emergency action:
 - a. While travelling to the destination?
 - b. While at the destination?
 - c. While travelling from the destination?
- e) Other than the lead supervisor of the trip, who are the backup supervisors that will be fully aware of this safety plan?
- f) Other considerations/ information/ knowledge?

This Prevalent Medical Conditions safety plan specific to the trip to:

on the dates _____ has been developed in collaboration with caregiver.

OUT OF PROVINCE/OUT OF COUNTRY MEDICAL INSURANCE COVERAGE