



POINT GREY SECONDARY SCHOOL

MEDICAL INFORMATION FOR FIELD STUDIES

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*.

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: _____
Last Name Called Name Month /Day / Year

Grade/Program: _____ Teacher: _____

Address: _____

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

Name of Physician: _____ Phone # _____

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 Contact Name(s): **Please Print Name Clearly**

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

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

ACKNOWLEDGEMENT OF CONSENT

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

Please Print Name Clearly

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her 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.

Signature: _____ Phone #(s): _____