MEDICAL INFORMATION

APPENDIX / FORM #5

General information

Name of student			Date of birth YYYY/MM/DD
Home address	City	Province/Territory	Postal code
Gender: ☐ Male ☐ Female ☐ Other: _____		Phone number:	

In case of emergency notify:

Name			Relationship
Home address	City	Province/Territory	Postal code
Phone (day): _____		Family doctor: _____	
Phone (evening): _____		Doctor's number: _____	

Medical history

It is important that the history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.

☐ Epilepsy	☐ Skin disease	☐ Bleeding	☐ Dislocated joint
☐ Diabetes	☐ Heart problem	☐ Vision impairment	☐ Concussion
☐ Infectious mononucleosis	☐ Neck injury	☐ Eyeglasses/contacts	☐ Thyroid disorder
☐ Back injury	☐ Kidney disease	☐ Asthma	☐ Shoulder injury
☐ Tendonitis	☐ Sprain	☐ Knee injury	☐ Cast
☐ Metal plate, screw, pin If so, where?_____		☐ Brace/support required? If so, where?_____	

Other

Relevant family medical history

Allergies

To medication/drugs:	To food:	Other:

Current medications

Prescription	Dosage	Frequency

Parent/ Legal guardian name (print)	Signature of parent/ legal guardian	Date YYYY/MM/DD

Personal information is collected under the authority of the *Education Act* and the *Access to Information and Privacy Act* s.15(c)(i) for the purpose of facilitating student health care when required on a complex trip. For more information about this collection, contact the Director of Curriculum and Assessment by phone at (867) 456-5545 or by email at curriculum@yukon.ca.

YG(6075EDU) Rev.08/2024

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