GREAT LAKES CHRISTIAN HIGH SCHOOL

Medical Form

Male ☐ Female ☐

Student's Name _____ Blood Type (if known) _____

Next of Kin _____ Phone _____

Ontario Health Card Number _____ **OR** Other Health Plan Number _____ Name of Insurer _____ Date of Birth MM/DD/YY ____/____/____

***Please attach a Photo of your OHIP card with this document**

Family Physician's Name _____ ( ) Phone number _____

Address _____

May we give your Physician's name and address to a local doctor for purposes of obtaining copies of medical records?

☐ Yes ☐ No

Signature of parent (or adult student) _____ Date _____

PART A:

PLEASE ATTACH EITHER A COPY OF YOUR RECORD OF IMMUNIZATION OR YOUR ORIGINAL COMPLETED EXEMPTION FORM.

The **Niagara Region of Public Health** in compliance with **ONTARIO LAW** must have either a copy of the record of immunization or the **original** completed exemption form. Copies of exemptions forms are **NOT ACCEPTED**. Immunization records are reviewed annually. Students may be suspended from school if requirements are not met.

PART B:

THE FOLLOWING SHOULD BE ANSWERED FOR OR BY THE APPLICANT:

Give details of stays in the hospital (within the last 3 years)

Name of Hospital **Condition Treated** **Dates**

Answer each question with No or Yes, If "yes" State details of treatment you require.
Do you have **any** of the following **conditions**?

Diabetes	No	Yes	
Epilepsy	No	Yes	
Asthma	No	Yes	
Hay Fever	No	Yes	
Fainting	No	Yes	
ADHD/ADD	No	Yes	
Sleeping Disorders	No	Yes	
Heart Problems	No	Yes	
Mental Health Concerns	No	Yes	

State medications you are currently taking. Give details of dosage level and when and how often medication is taken.

State any allergies you have and the severity. Give details of medication, precautions, etc. (Use a separate sheet of paper if necessary).

Detail any other medical conditions or health challenges.

Detail concerns you might have about participation in Physical Education classes.