

Medical Questionnaire:

Student's Name: _____

BC Medical number: _____

Please describe any allergies you may have to food, medication, insect bites, etc.
Include what the reaction is as well as the treatment:

Do you have any type of disability that could affect your degree of participation in any
land or water activities? (If yes please describe)

Do you suffer from any chronic illness or disorder such as diabetes, asthma, epilepsy,
etc.? (If yes, please describe, including treatment)

Describe any recent (within the past six months) illness or injury that we should be
aware of.

Are you on any medication presently? (circle) yes no If yes, what
Medication, and please describe dosage:

Will you be wearing contact lenses during field trip? (circle) yes no

(Over)

Medical Questionnaire (continued):

Name of family doctor: _____

Phone #: _____

In case of an emergency, we should contact:

Name(s): _____

Phone #: _____

Relationship to Student: _____

If we are unable to reach the above named person(s), we should contact:

Name: _____

Phone #: _____

Relationship to Student: _____

Medical Release:

To the best of my knowledge, my child/ward is in good health and fully able to participate on the field trip. I hereby give permission for the teacher/adult chaperones to administer first-aid and/or medications to my son/daughter when necessary. In case of medical emergency, I hereby give permission to contact appropriate medical professionals to provide necessary treatment. Please note – MBSS teacher or designate will contact the parent or guardian as soon as possible in the event of a medical emergency.

Parent/Guardian Signature: _____

Date: _____