Medical Information Form (511E)

The collection and retention of the information requested on this form is authorized and governed by the Education Act, Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act.

8 Carronic Nosebleed 8 Feet or Leg problems 9 Digostive upsets 9 Dighestive upsets 9 Hemophilia/Bleeding disorders 9 Rash 9 Digestive upsets 9 Ear, Nose, Throat infections 9 Hernia 9 Ear, Nose, Throat infections 9 Hernia 9 Ear, Nose, Throat infections 9 Hernia 9 Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability Give details of usual treatment for each of the above conditions indicated:  Please explain if your child/ward has any medical condition that requires any modification of his/her program.  Please list all known confirmed allergies to the following: (a) Foods:  If foods are life-threatening, please explain the symptoms and the treatment:  (b) Medications: (c) Other (e.g., bee or wasp stings, environmentalallergies):  Has your child/ward suffered any serious allergic or asthmatic reaction?  If so, please provide details, including the type and severity of reaction:  Is allergy considered: Mild Moderate Serious Life-Threatening.  Has a doctor prescribed an Epi-Pen for your child/ward? Yes No.  Has a doctor prescribed an inhaler for asthma? Yes No.  Please adoctor prescribed an inhaler for any other reason? Yes No.  Atary Restrictions  Please list any foods your child/ward should not eat for medical, dietary, or religious reasons:  dication  Does your child/ward take prescribed medication on a regular basis? Please specify:  What prescribed medication(s) should your child/ward have with him/her during the excursion?  If yes, please explain:  (2) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes No.  If yes, please specify what is written on it:  (2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes No.  If yes, please explain:  (3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which the teacher to make the student's excursion more relaxed? Yes No.  If yes, please explain:	Student:		Date of B	
Ontario Health Number:				
Diabetes				
Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's participation in excursions/school activities.  9 Asthma 9 Fainting Spells 9 History of head injuries 9 Rheumatic Fet 9 Chronic Nosebleed 9 Feet or Leg problems 9 Migraine 9 Seizures 9 Diabetes 9 Heart problems 9 Rash 9 Sleepwalking 9 Digestive upsets 9 Heart problems 9 Recent illness or operation 9 Urinary infecti 9 Ear, Nose, Throat infections 9 Hernia 9 Discheded Sickle Cell Disease 9 Dislocated shoulder, swollen, painful joints; 'trick or lock' knee or other joint disability Give details of usual treatment for each of the above conditions indicated:  Please explain if your child/ward has any medical condition that requires any modification of his/her program.  Please list all known confirmed allergies to the following: (a) Foods:  If foods are life-threatening, please explain the symptoms and the treatment:  (b) Medications: (c) Other (e.g., bee or wasp stings, environmental allergies):  Has your child/ward suffered any serious allergic or asthmatic reaction? If so, please provide details, including the type and severity of reaction: Is allergy considered: Mild Moderate Serious Life-Threatening. Has a doctor prescribed an Epi-Pen for your child/ward? Yes No (Prescribed asthma inhalers must be carried by the student on the contact and the prescribed and phild ward should not eat for medical, dietary, or religious reasons:  dication Does your child/ward take prescribed medication on a regular basis? Please specify. What prescribed medication(s) should your child/ward have with him/her during the excursion?  If yes, please explain: (1) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes No If yes, please explain: (2) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which the teacher to make the student's excursion more relaxed? Yes No If yes, plea	Ontario Health Number:	Family Doctor:		Telephone:
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aining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notif	ning the best of such service f	or my child/ward. I also understand t	hat in the event of such illness or a	ccident, I will be notified as soo
ossible.	ssible.			
Name of Parent/Guardian: (Please print	Name of Parent/Guardian:			(Please print)
				Date:
Signature of Parent/Guardian:				

# **Medical Conditions**

PLEASE NOTE: The content on this page is for information only.

Parents/Guardians are expected to review and update medical information with the school on an annual basis.

Medical Conditions Include asthma, fainting spells, history of head injuries, rheumatic fever, chronic nosebleed, feet or leg problems, migraine, seizures, diabetes, hemophilia/bleeding disorders, rash, sleepwalking, digestive upsets, heart problems, recent illness or operation, urinary infections, ear-nose-throat infections, hernia, dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability, sickle cell disease, etc.

## Life-Threatening Allergies

Anaphylaxis is a serious allergic reaction. It can be life-threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction. The most common food allergens are peanuts, tree nuts, and seafood, egg and milk products.

The TDSB has created a policy and procedure to further support *Sabrina's Law* introduced in January 2006 and to take care of our students at risk of anaphylaxis. Under *Sabrina's Law*, the TDSB has developed:

- Strategies to reduce exposure to allergens.
- Procedures to communicate with parents, students and staff about life-threatening allergies.
- Regular training opportunities for all staff to deal with life-threatening allergicreactions.
- Emergency procedures to cope with the anaphylactic student, including readily-accessibletreatment.

Each school also has its own individual plan for each student at risk of anaphylaxis, which includes maintaining a file of the student's medications and emergency contacts.

If your child suddenly becomes ill or has an allergic reaction, school staff will take the appropriate action. Please ensure your school has the most up-to-date emergency contact information. If your child has life-threatening allergies, or if your child needs to be given special medication throughout the day, please speak with your principal to discuss arrangements. For more information, please refer to TDSB Operational Procedure *PR563 – Anaphylaxis*: <a href="http://ppf.tdsb.on.ca/uploads/files/live/100/282.pdf">http://ppf.tdsb.on.ca/uploads/files/live/100/282.pdf</a>

#### Asthma

Asthma is a very common, chronic (long-term) lung disease that can make it hard to breathe. Asthma can be fatal without proper management and access to medications.

The TDSB has developed operational procedures to support the implementation of *Ryan's Law (Ensuring Asthma Friendly Schools)*, 2015, which includes:

- Creating a positive environment for students with asthma.
- Special considerations for students with additional needs.
- Roles and responsibilities for elementary and secondary schools.
- Parents will provide school staff with up-to-date information about their student's asthma. Information should be provided to the school at the start of each schoolyear.

For more information, please refer to TDSB operational procedure *PR714* – *Asthma Management*: <a href="http://ppf.tdsb.on.ca/uploads/files/live/97/1983.pdf">http://ppf.tdsb.on.ca/uploads/files/live/97/1983.pdf</a>

### Diabetes Mellitus (DM)

Diabetes Mellitus, commonly referred to as *Diabetes*, is a chronic disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. Without proper insulin management, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. Effective practices in managing *Diabetes* in Schools include:

- Blood glucose monitoring/insulin injection.
- Proper timing of meals and snacks to maintain proper blood sugar levels. Students need the opportunity to eat all meals and snacks fully and on time.
- Emergency food supplies that include oral glucose, juice and/or fast acting sugar should be available in other locations in the school.
- Parent/guardian/caregiver provides, maintains, and replenishes all food and necessary diabetic supplies.
- The development of a Diabetes Management Plan for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

For more information, please also refer to the TDSB operational procedure *PR607 – Diabetes Management*: http://ppf.tdsb.on.ca/uploads/files/live/98/1764.pdf