



MEDICAL QUESTIONNAIRE

Student Name: _____ Date: _____

Parent/Guardian: _____

Please complete all sections that apply. Your assistance in identifying any medical conditions that your child has will assist Lord Selkirk School Division in providing the safest possible environment and most appropriate response in the event of a medical emergency. A Health Care Plan may be developed by the URIS Nurse, if needed.

ANAPHYLAXIS

1. Has your child been **diagnosed by a physician** with a LIFE-THREATENING ALLERGY? Yes No

If "No" go to the next section.

2. What allergen(s) trigger a reaction? _____

3. Signs/symptoms of a reaction? _____

4. Does your child require an EpiPen? Yes No

5. Does your child carry an EpiPen at all times? Yes No

It is recommended that an EpiPen be carried with anaphylactic students at all times.

In the event of an anaphylactic reaction, EpiPen will be administered and 911 will be called.

6. Location of EpiPen _____

Please complete a URIS B Application.

ASTHMA

1. Has your child been **diagnosed by a physician** with ASTHMA? Yes No

If "No" go to the next section.

2. What triggers a reaction? _____

3. Signs/symptoms of a reaction? _____

4. Does your child carry an inhaler? Yes No

It is recommended that the inhaler be carried on person at all times.

5. Does your child require assistance to administer their medication? Yes No

6. Location of inhaler _____

Please complete a URIS B Application.

SEIZURES

1. Does your child have a history of SEIZURES? Yes No
If "No" go to the next section.
2. Date of last seizure _____
3. Type of seizure: Simple Partial Complex Partial Generalized Tonic/Clonic Absence
4. Signs/symptoms of your child's seizures _____
5. Does your child take medication for seizures? Yes No
6. Will seizure medication be administered, if needed, at school? Yes No

Please complete a URIS B Application.

DIABETES

1. Does your child have DIABETES? Yes No
If "No" go to the next section.
2. Does your child have consistent control of blood sugar levels? Yes No
3. Does your child carry blood glucose monitoring equipment daily? Yes No
4. Does your child require self-injected insulin at school? Yes No
5. Does your child have an insulin pump? Yes No
6. Describe your child's hypoglycemia (low blood sugar):

7. Where are extra supplies, monitoring equipment and carb kits kept?

Please complete a URIS B Application.

CARDIAC CONDITION

1. Has your child been diagnosed by a physician with a CARDIAC CONDITION? Yes No
If "No" go to the next section.
2. Name of condition: _____
3. Severity of condition is: Mild Moderate Severe
4. Was surgery required? Yes No
5. As a result of this condition, my child is limited in their ability to: _____
6. My child should avoid the following activities:

Please complete a URIS B Application.

PRESCRIPTION MEDICATION ADMINISTERED AT SCHOOL

Prescription medication will only be administered at school when it is not possible to alter the dosing schedule to allow for a parent/guardian to administer the medication before or after school.

1. Does your child require prescription medication during school hours? Yes No
2. Name of Medication and Dosage: _____

Please complete AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION.

OTHER MEDICAL CONDITIONS

1. Has your child been diagnosed by a physician with any other significant medical conditions that the school should be aware of? Yes No
2. Name of condition: _____

MEDIC-ALERT BRACELET

Lord Selkirk School Division recommends the use of Medic-Alert bracelets for children at high risk medically.

1. Does your child wear a MEDIC-ALERT bracelet? Yes No
2. Name of condition: _____

**** IN CASE OF AN EMERGENCY, AN AMBULANCE WILL BE CALLED ****

LSSD subscribes to the Universal Student Accident Insurance Program which covers ambulance costs.

If ambulance transport is required, is there any information you wish to share with the school (ie. medication allergies, no blood products, primary contact in event of emergency transport during school day)?

Parent/Guardian Signature: _____