



Boundless High School Confidential Health Form

The following Health Form must be completed and signed by the student's parent/guardian (If the student is 18 years or older, the student must sign the form) and received by our office **at least two weeks prior to the student's course start date**. The information disclosed in this form is kept confidential and is used to provide a safe and meaningful experience for all students. Please call us if you have any questions regarding medical information and what needs to be disclosed. Boundless recommends, but does not require, that students have a medical exam prior to participating in a Boundless High school course. Please consider a medical examination if there has been no exam in the past 12 months, if there are any doubts about the student's ability to fully participate in the Boundless program, or if the student has been recently hospitalized or treated or exposed to a communicable disease. It is crucial that Boundless receives, in writing, any changes in a student's health status (the student becomes ill, a change in medication etc.) after the Health Form has been submitted. Boundless must be informed, in writing, if a student comes in contact with a communicable disease or contagious infection within the three weeks prior to their course start date. Boundless reserves the right to refuse a student enrolment in the program based on his/her health status.

SECTION 1 - STUDENT INFORMATION

Last Name	First Name	Date of Birth: YY/MM/DD	Age on course start date:
Address	City	Postal Code	
Height:	Weight:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone:
Can the student effectively communicate in English? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Students' families are responsible for any medical expenses incurred during the course, including medical evacuation. All students must be covered by their own medical and accident insurance.			
Does the student have provincial medical coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the student does not have provincial medical coverage, please indicate the private or alternate medical insurance information on a separate piece of paper and attach along with a photocopy of the policy information.			
Provincial Health Card Number (Include letters):			
Student's Family Doctor:		Family Doctor's Phone Number:	

SECTION 2 - EMERGENCY CONTACT INFORMATION

<u>Parent/Guardian #1</u> Name: Home Phone: Business Phone: Cell Phone: Email:	<u>Parent/Guardian #2 (optional)</u> Name: Home Phone: Business Phone: Cell Phone: Email:
Emergency Contact Person (please provide at least one alternate emergency contact) This person will be contacted in the event that a parent/guardian cannot be reached. Name: Business Phone: Relationship to Student: Cell Phone: Home Phone:	

SECTION 3 – MEDICATIONS

List all prescription (includes asthma inhalers) and non-prescription medications that the student will be bringing to Boundless

Any medications brought to Boundless by students must be in the original container(s) and clearly indicate the name of the medication, the dosage, the route of administration, the frequency with which the medication should be administered and the prescribing doctor's name and phone number. Medications brought to Boundless will be held in a locked box by our health care staff and made available to students as needed. A log will be kept by the health care staff recording all medications taken by students while at Boundless.

Name of Medication	Condition Being Treated	Dosage Amount	Mg/tablet	Schedule of Administration
Example	Name or Describe Condition	400mg (2 tablets)	200mg	0800, 1600, 2100

Use the space below to list any medications that the student takes during the school year that will not be taken at Boundless:

Student's Name:

SECTION 4 – ALLERGIES

Allergic reactions represent a serious hazard, especially in a wilderness environment. Please note that Boundless High School is not a nut free program and we cannot guarantee that any meal is free from nuts, seeds, seafood or any other foods.

Is the student allergic/sensitive to any of the following?

- a) Medications Yes No if yes please list: _____
- b) Foods Yes No if yes please list: _____
- c) Insect bites/stings Yes No if yes please list: _____
- d) Other (environmental, animals etc.), please list: _____
- e) Do you carry an epi-pen or other epinephrine injector? Yes No

Please indicate the nature and severity of all allergic reactions, usual treatment methods and any other information about the students' allergies in the space below.

SECTION 5 – MEDICAL HISTORY/CONDITIONS

If the student has any medical or mental health conditions, please describe them below.

Date of last Tetanus Immunization (must be within 10 years of course end date):

Does the student have Asthma? Yes No If yes do you use medication to control your asthma Yes No

How severe is her/his Asthma? _____

What Triggers his/her Asthma? _____

How often does she/he have an asthma attack? _____

What helps to manage his/her asthma attacks? _____

Please list any asthma medications in section 3

Has the student had any recent injury, illness or infectious disease? Yes No if yes when? Please describe.

Has the student had any surgeries? Yes No if yes when? Please describe.

Does the student have any problems with hearing or vision (wear glasses/contacts)? Yes No if yes, please describe.

Does the student require a special diet? Yes No if yes, please describe what he/she cannot eat etc.

Does the student have a seizure disorder? Yes No if yes please describe the condition below and list any medications in section 3.

Does the student have any problems with her/his back, neck, arms, shoulders, ankles or knees that limits his/her activities?

Yes No if yes please describe.

Does the student have diabetes, hypoglycaemia, thyroid trouble or other endocrine conditions? Yes No if yes please describe.

Has the student ever had a brain injury requiring treatment (i.e. concussions)? Yes No if yes please describe (give date and severity).

Does the student suffer from severe headaches, dizziness or fainting? Yes No if yes please describe.

Does the student suffer from chronic skin problems (rashes, sun sensitivity, eczema etc.). Yes No if yes please describe.

Does the student's health prevent them from participating in any physical activities? Yes No if yes what, when, why?

Student's Name:

SECTION 5 – MEDICAL HISTORY/CONDITIONS continued

Please answer the following questions by checking the appropriate box yes or no. In the space provided below, please describe the details for any question that you answer yes.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has the student had or does the student have a substance abuse problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does the student experience motion sickness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student have any eating disorders (anorexia, bulimia)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does the student ever sleepwalk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has the student ever had ulcers, or other significant stomach/intestinal problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does the student have a history of high blood pressure or hypertension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Does the student have a history of cardiovascular disease or conditions (Valve disorder, heart murmur, angina)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Has the student had hepatitis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Has the student had jaundice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does the student have chronic bladder infections, difficulty with urination, or other bladder/kidney problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Has the student had frostbite, a significant reaction to cold temperatures or other circulatory problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Has the student suffered from heat exhaustion or had other significant reactions to warm temperatures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Does the student have any communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Does the student have any emotional or behavioural issues? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. <u>For females:</u> Is the student pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. <u>For females:</u> Does the student have any premenstrual or menstrual problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Do you have any other physical or mental health issues? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Does the student use tobacco products? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Does the student have permission to use tobacco while at Boundless? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please indicate the question number and use the space below to describe the details for any “yes” answers above.

SECTION 6 – HOW ARE YOU FEELING?

Please mark the statements that best describe your (the student's) feelings toward attending Boundless High School. (mark all that apply)

- | | | | |
|----------------------------------|--|--|---|
| Excited <input type="checkbox"/> | Can't wait! <input type="checkbox"/> | Would rather eat
brussel sprouts <input type="checkbox"/> | It will be different from anything I
have done before <input type="checkbox"/> |
| Nervous <input type="checkbox"/> | Sounds like fun <input type="checkbox"/> | Apprehensive <input type="checkbox"/> | Resistant <input type="checkbox"/> |

SECTION 7 - SWIMMING ABILITY

At Boundless students participate in various water-based activities such as swimming in calm and moving water, flatwater and whitewater canoeing and whitewater rafting. Boundless staff will further assess students' swimming abilities. Personal Flotation Devices are mandatory in certain situations and are always available for those who cannot swim or are uncomfortable around the water. Please assess your (the student's) swimming ability:

- Non-Swimmer Weak Swimmer Can swim 100m without a Lifejacket or Flotation Device

Non-swimmers: Are you comfortable (i.e. will not panic) in deep water while wearing a Lifejacket or Flotation Device?

- Yes No

Student's Name: _____

SECTION 8 - SIGNATURES

I/we confirm that I have completed the preceding medical and swimming questionnaire; I/we have filled out each section including the information about tobacco products and all medications I (or the student) am/is currently taking. I/we confirm that the information provided is a complete and accurate statement of the physical and psychological factors that may affect my (the student's) participation in the Boundless High School Program. I realize that failure to disclose any such information could result in serious harm to myself (the student) and other participants and agree to indemnify and hold Boundless High School harmless if all relevant information is not disclosed.

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18: _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

Consent is hereby given for the student to participate in all aspects of the Boundless High School Program (unless otherwise noted) and permission is given to Boundless High School officials to act on my (the student's) behalf as necessary in the case of injury, mishap or accident during this course. This includes but is not limited to, first aid treatments, dispensing of non-prescription medications and, in the event of a life-threatening emergency, injection of epinephrine.

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18: _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

I/we am/are aware that photographs, videos and slides may be taken of myself (the student) and other participants. I/we consent to have this material used by Boundless High School in perpetuity; to be presented in newsletters, websites, and other promotional materials and/or public relations events (and in any media chosen by Boundless High School).

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18: _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

The Boundless High School clothing list details the appropriate clothing required for participation in an intensive adventure program. Certain items on the list are crucial for our students' comfort and safety and thus are required (please see the items that are considered crucial in the policies and procedures section of the Boundless High School Welcome Letter). I/we commit to arrive at Boundless High School with all of the crucial clothing and equipment listed on the Boundless High School Clothing and Equipment List. If I (the student) do(es) not arrive with said clothing and equipment, I hereby give permission to Boundless High School to provide me (the student) with the appropriate equipment at my/our expense.

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18: _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

Please send all correspondence to:

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Toronto
Ontario, M5P 2Y6
416-658-7059 (voice)
416-658-1520 (fax)
boundless@on.aibn.com
www.boundlesshighschool.com

PLEASE ENSURE THAT ALL SECTIONS ON ALL 4 PAGES OF THIS FORM ARE COMPLETE