



# 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:
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Address	City	Postal Code
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Height:	Weight:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone:
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Can the student effectively communicate in English? Yes  No

**Students' families are responsible for any medical expenses incurred during the course, including medical evacuation. All students must be covered by their own medical insurance.**

Does the student have provincial medical coverage? Yes  No

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:
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### SECTION 2 - EMERGENCY CONTACT INFORMATION

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

**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                       Can't wait!                       Would rather eat brussel sprouts                       It will be different from anything I have done before
- Nervous                       Sounds like fun                       Apprehensive                       Resistant

**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. I also acknowledge that failure to disclose any physical or psychological factors that may affect the student's participation in the Boundless High School program gives Boundless High School the right to dismiss the student without refund.

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 illness, 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:

7513 River Road, RR#1  
Palmer Rapids  
Ontario, K0J 2E0  
613-758-2702 (voice)  
613-758-2196 (fax)  
boundless@xplornet.com  
www.boundlesshighschool.org

**PLEASE ENSURE THAT ALL SECTIONS ON ALL 4 PAGES OF THIS FORM ARE COMPLETE AND THAT THE STUDENT'S NAME IS PRINTED AT THE TOP OF EACH PAGE**