COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

School Year 2015 - 2016

HEALTH FORM – ELEMENTARY

Please fill out and return on the first day of school

Family name : ______________________ First name : ______________________

Sex : M ☐ F ☐ Birth date : ______________________

Teacher's name : ______________________ Grade : __________

Medicare number : ______________________ Expiration date: __________

Address : ______________________ Apartment : __________

City : Postal code :

Father's name : ______________________

☎ Home : ______________________

☎ Work : __________ Ext : ______

Cellular or pager # : ______________________

E-mail : ______________________

Mother's name : ______________________

☎ Home : ______________________

☎ Work : __________ Ext : ______

Cellular or pager # : ______________________

E-mail : ______________________

In the event a parent is unreachable please provide alternate contacts

Name	Relationship	Home Phone	Work Phone	Cell Phone

Please advise the school as soon as possible of any change of telephone number or address.

In order to ensure the security of your child, the school must be informed of any **health problem that might necessitate an emergency intervention at school** (severe allergy, severe asthma, diabetes and/or epilepsy) or any other health concern needing a particular care.

Does your child have :

Severe allergy with auto-injector? : Yes ☐ No ☐ **If yes, fill out emergency plan on reverse side►**

Asthma with pump(s)?: Yes ☐ No ☐

Diabetes: Yes ☐ No ☐

Epilepsy : Yes ☐ No ☐

Other : ____

Please provide the emergency medication as of the first day of school and ensure that it remains valid for the whole school year (take note of expiry date).

PHYSICAL EDUCATION

Is there any contra-indication for your child to participate in physical education class? Yes ☐ No ☐

► If yes, a recent medical certificate is required for exemption or limitations in physical activity.

In case of accident or illness, school staff will administer first aid, will ensure the student receives the care needed and will notify parents as soon as possible. Ambulance transport fees in case of emergency will by charged to the parents.

Note: Information contained on this health form will be transmitted, if needed, to the CSSS de Laval nurse and to school staff that may need to intervene in case an emergency should arise with your child.

______________________ Parent or Guardian Signature

______________________ Date

For students with a severe allergy and auto-injector only

Anaphylaxis Emergency plan

Name of student: ______________________________________ Birth date: ________________

This person suffers from anaphylaxis; an allergy can be fatal for him/her.

Attach your child's recent picture

(*Check appropriate box*)	
Peanuts ☐	Insect bites ☐
Nuts ☐	Latex ☐
Eggs ☐	Other:
Milk ☐	Medication:

Epinephrine auto-injector Expiry date:		
	Month	Year

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

An anaphylactic reaction can manifest itself with ANY ONE of the following symptoms:

- **Skin**: Hives, swelling, itchiness, redness, warmth.
- **Respiratory system:** Wheezy breathing, shortness of breath, choking, cough, hoarse voice, tightness of the chest, nasal congestion or hay-fever-like symptoms (runny or itchy nose, watery eyes, sneezing) difficulty swallowing.
- **Gastro-intestinal symptoms (stomach):** nausea, cramps or pain, vomiting, diarrhea.
- **Cardio-vascular symptoms (heart):** pale or bluish skin, weak pulse, loss of consciousness, dizziness, light-headedness , state of shock.
- **Other symptoms:** anxiety, feelings of distress, head-ache.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Administer the epinephrine auto-injector** at the first sign of a reaction occurring in conjunction with a known or suspected allergen contact. If the symptoms persist or worsen, the administration of a second dose of epinephrine must be authorized by 911. School staff must use a second auto injection device to administer a second dose.
2. **Call 911**. Tell them someone is having an anaphylactic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital**, even if the symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

Name	Relationship	Home Phone	Work Phone	Cell Phone

Please advise the school as soon as possible of any change of telephone number or address.

It is the parent's obligation to ensure that the auto-injector is valid throughout the School year.

______________________________ Parent or Guardian Signature

______________________________ Date