

ROBERT LAND ACADEMY - MEDICAL TREATMENT FORM

FOR COMPLETION BY **PARENT / GUARDIAN**

This information may be shared with Medical/Dental/Pharmacy/Public Health Personnel in the treatment of the following student.

Student Name: _____ D.O.B. _____
Last First D/M/Y

EMERGENCY NOTIFICATION:

In the event of a medical emergency, contact the following:

<u>PRIMARY CONTACTY</u>	<u>SECONDARY CONTACT</u>
Name	Name
Telephone	Telephone
Relationship to Student	Relationship to Student

FAMILY PHYSICIAN CONTACT

	<u>Name</u>	<u>Telephone</u>
Family Doctor		
Dentist		
Other (Specify)		

STUDENT IMMUNIZATION

The **Immunization of School Pupils Act** requires all students up to 18 years of age who attend school in Ontario, Canada to provide proof of an up to date immunization record for **diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, and meningitis (meningococcal diseases), whooping cough (pertussis), and chickenpox (varicella) – required for children born in 2010 or later.** Students not immunized for religious, medical and/or conscientious beliefs are required to have a valid exemption form completed and notarized. These forms can be obtained from the Niagara Region Public Health or by contacting the Academy. Please review your child's immunization history to ensure that it meets Ontario requirements.

Please provide a copy of the student's immunization record. Records must either be:

- A typed / computer generated Certificate of Immunization History from the student's healthcare provider / government.
- A fully translated (in English) immunization record. A copy of the original record must be attached.
- A legible copy of the Ontario Yellow Immunization Card for students who reside in Ontario.

I have attached a copy of the student's immunization record

Regardless of the method, the date of the vaccination (yy/mm/dd) and vaccination administered/antigens received must be clearly recorded.
Vaccinations required in Ontario, Canada: http://www.health.gov.on.ca/en/public/programs/immunization/static/immunization_tool.html

Public Health strongly recommends these 3 vaccinations as well:

The annual flu vaccine (for children of all ages), Rotavirus (for children attending child care), Hepatitis B and HPV (for Grade 7 students)

For further information or to download a copy of these Public Health forms please visit:

<http://www.niagararegion.ca/health/vaccinations/children/records.aspx>

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Student Name: _____
Last First DOB (D/M/Y): _____

Provincial Health Card Number: _____ Version Code: _____ Expiry: _____

MEDICAL INSURANCE INFORMATION (please provide copy of insurance card(s))

Medical & Dental Insurance (provide Medical Insurance Company Name and Policy Number)
Prescription Medication Insurance (provide Insurance Company Name, Carrier Code, Certificate, Group Number)

We strongly recommend that you call the Boggio Fonthill Pharmacy (905-892-4994) personally to ensure all group insurance information is conveyed and correct. This is to ensure the accuracy of claims to your plan and to avoid the need to manually submit medical claims to your insurer.

STUDENT ALLERGIES (please indicate N/A in each section if no allergies)

Drug Allergies (including reaction to anesthetics)
Food Allergies / Food Restrictions
Other Allergies (i.e. nuts, pollen, bee stings, wool, etc.)

IMPORTANT NOTE: Epi-Pens required for allergies potentially causing anaphylaxis MUST be supplied to the Academy Nurse on admission day. Please note expiry date. If applicable, please provide at least two (2) Epi-Pens.

Please use this space for any other medical related information that we should be aware of (i.e. braces, retainer, requires Epi-Pen etc.)

THIS FORM MUST BE SIGNED

I hereby give permission to Robert Land Academy medical staff & professional medical personnel (such as counsellors, therapists, psychologists, physicians, nurses, etc.) selected by Robert Land Academy management or medical staff to assess and give medical treatment when necessary to the named student. (It is understood that in case of illness or accident requiring surgery or specialist consultation, I will be contacted prior to instituting treatment unless the condition is life threatening and/or I am not immediately available). I understand it is my responsibility to notify Robert Land Academy in writing if there are any changes in the details on this form during the period before or during his term at Robert Land Academy. I understand that all claims and/or litigations against Robert Land Academy, its directors, staff, designated doctors and hospitals shall take place under the jurisdiction of the laws and regulations of Ontario. I agree to accept financial responsibility for any medical treatment and/or prescription medications authorized by Robert Land Academy management, medical staff, or appointed physician. To the best of my knowledge, the named student is in good health and the information on this form is accurate. If the named student is exposed to any INFECTIOUS DISEASE within four (4) weeks prior to arriving at Robert Land Academy, I agree to notify Robert Land Academy. I also give my permission for you to contact the named student's health care providers if necessary.

Immunization Consent: I give my consent for the above named student to have the appropriate immunizations administered in accordance with the standards set by the Ontario Ministry of Health (*Immunization of School Pupils Act* in the event that there are any delinquent immunizations or missing immunization records.

Please check if applicable: **NO**, I don't not give my consent (**Note:** Under the Act, in the absence of required immunizations or the appropriate exemption form, students may be suspended from attending school)

Signature of Parent or Guardian _____ Date _____

Please print name _____

Relationship to student (parent, guardian, etc.) _____

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AUTHORIZATION FOR FLU VACCINATION

Dear Parents / Guardians,

Robert Land Academy will be hosting a flu vaccination clinic during the month of October.

Vaccination is **not** mandatory for students.

For residents of Ontario, there is no charge for the vaccine. For those students who are from outside of Ontario, a nominal charge may be applied to the student account. Further information about the flu and vaccine safety is provided on the Niagara Region's website at <https://niagararegion.ca/health/vaccinations/flu/default.aspx>

Name of Student: _____
Last First

Please select one:

<input type="checkbox"/> I AUTHORIZE the above named student to receive the flu vaccine from medical staff selected by Robert Land Academy	<input type="checkbox"/> I DO NOT authorize the above named student to receive the flu vaccine.
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Parent / Guardian Information:

Parent / Guardian Name (please print) Relationship to Student

Parent / Guardian Signature Dated