OTTAWA CATHOLIC SCHOOL BOARD

Medical Health Form

As international students are living away from their family, it is important that we have the most up-to-date medical information in case of emergency while studying with the Ottawa Catholic School Board (OCSB). Any relevant medical conditions or learning needs will be shared with the school to ensure a safe learning environment for the student.

Student Name: _____ Date of Birth: _____

A. ALLERGIES: Please list all allergies and the effects (if more, please provide on a separate sheet):

A supplemental form will be required for any life-threatening allergies.

Allergy	Reaction	Life-Threatening?	Medication
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Does the student require use of an EPI-PEN for allergies? ☐ Yes ☐ No

Can the student self-inject an EPI-PEN if possible? ☐ Yes ☐ No

Please list any medication that the student should **NOT** take: _____

B. HISTORY OF ILLNESS: Does the student have, or has the student had any of the following?:

	YES	NO		YES	NO
Asthma*			Heart condition*		
Concussion or head Injury*			Lungs, Respiratory System		
Diabetes*			Other: please specify _____		
Epilepsy*					

Please give a full description of any condition listed as YES, providing details for care/treatment and/or date of illness/last episode.

***A supplemental form is required for these conditions (will be sent after confirmation of enrollment).**

_____

_____

_____

_____

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C. LEARNING NEEDS

The learning needs as well as the mental and emotional well-being of our students is of utmost importance to the OCSB. Please disclose any and all issues so that we can make the proper accommodations for the student's success.

1) Has the student ever been tested for or diagnosed with:

	YES	NO		YES	NO
ADHD (Attention Deficit Hyperactivity Disorder)			Learning Disability (e.g. Dyslexia) please specify: _____		
Autism Spectrum Disorder (ASD)			Other: _____		
Please share any relevant assessments/diagnoses from a health care professional so that the proper support can be put into place for your child.					

D. MENTAL & EMOTIONAL HEALTH

1) Does the student suffer from or has the student received counselling for:

	YES	NO		YES	NO
Anxiety			Mood Disorder		
Bipolar Disorder			Obsessive-Compulsive Disorder		
Depression			Personality Disorder please specify: _____		
Drug or alcohol dependency			Post-Traumatic Stress Disorder (PTSD)		
Eating Disorder			Other: _____		

2) Has the student ever inflicted or tried to inflict self-injury (suicide attempt, cutting)? If yes, describe below

☐ Yes ☐ No

Any other mental, emotional or behavioural concerns:

_____

_____

_____

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E. MEDICATION

Please list any additional medications that the student is currently taking:

Name of medication	Is this a prescription or available over the counter?	Dosage

The student's custodian in Canada has been made aware of any above-mentioned health concerns: ☐ Yes ☐ No

Information Collection Authorization: In accordance with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Protection of Health Information & Protection Act (PHIPA)*. This information is collected under the legal authority of Section 265(1)(d) of the *Education Act* as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: The Ottawa Catholic School Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. The Board's 'Notice of Collection Use and Disclosure' & the 'Protection of Privacy Policy' support document entitled 'Privacy and Information Management of Personal Information' may be viewed on the Board's website at www.ocsb.ca. Please contact your school Principal with questions, and/or the Privacy Officer, Ottawa Catholic School Board, 570 West Hunt Club Road, Nepean, ON K2G 3R4. Phone: 613-224-2222 | info@ocsb.ca

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Parent Signature (If student is under 18 years old)

Date: _____