



# Medical Questionnaire

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

We are asking your assistance in identifying any medical condition that your child may have. Please complete all sections that apply so that the Lord Selkirk School division can provide the safest possible environment, the most appropriate response in the event of a medical emergency, and the development of a Health Care Plan, if necessary.

## ANAPHYLAXIS

Medical Code: X

1. Does your child have a **physician diagnosed** 'LIFE THREATENING' allergy? Yes  No

**If "NO" to the above question, go to the next section.**

2. Have you provided a written confirmation of allergy from you doctor. Yes  No

3. What triggers the reaction? \_\_\_\_\_

4. Signs and symptoms of your child's reaction? \_\_\_\_\_

5. Does your child require an Epi-pen? Yes  No

6. Does your child carry an Epi-pen at all times? Yes  No

7. Location of Epi-pen? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Lord Selkirk School Division recommends that an Epi-pen be carried by the child at all times. If your child experiences an emergency, epinephrine will be administered and the child will be transported to the hospital.

## SEIZURES

Medical Code: S

1. Does your child have a history of seizures? Yes  No

**If "NO" to the above question, go to the next section.**

2. Seizures began at \_\_\_\_\_ years of age.

3. Seizures are described as:  Simple Partial  Complex partial

Generalized Tonic/Clonic  Absence

4. Seizures last approximately \_\_\_\_\_ minutes.

5. Signs and symptoms of your child's seizure? \_\_\_\_\_

6. Seizure medication? \_\_\_\_\_ Yes  No

7. Child has grown out of seizures. Yes  No

8. Child has been seizure free for \_\_\_\_\_ months/years.

9.

## DIABETES

Medical Code: D

1. Does your child have diabetes? Yes  No

**If "NO" to the above question, go to the next section.**

2. Does your child have consistent control of blood glucose? Yes  No

3. What is the normal blood glucose range for your child?  4-7  8-10  10-13

4. Does your child carry monitoring equipment daily? Yes  No

5. Describe your child's Hypoglycemia (Low Blood Glucose) \_\_\_\_\_

6. Where are extra supplies, monitoring equipment and Carb Kits kept? \_\_\_\_\_

(Carb kits are disposable Ziploc containers with small juice box, fruit to go, granola bar, cake mate)

7. My child attends Diabetic Clinic regularly Yes  No

8. The last A1C was \_\_\_\_\_ on (date) \_\_\_\_\_

**ASTHMA**

Medical Code: A

1. Does your child have **physician diagnosed** asthma? Yes  No **If "NO" to the above question, go to the next section.**

2. Degree of asthma? Mild Moderate Severe

3. What triggers the reaction? \_\_\_\_\_

4. Signs and symptoms of your child's asthma? \_\_\_\_\_

5. Asthma medication? \_\_\_\_\_ Yes  No 6. Does your child self-administer medication? Yes  No 7. How often does your child use their rescue inhaler?  Daily  Weekly  Seasonally  Last Year

8. Location of medication? \_\_\_\_\_

It is recommended that the inhaler be carried on person at all times.

**CARDIAC CONDITION**

Medical Code: C

1. Does your child have a **physician diagnosed** cardiac condition? Yes  No **If "NO" to the above question, go to the next section.**2. Degree or Severity of condition is:  Mild  Moderate  Severe

The name of the condition is \_\_\_\_\_

3. Was surgery required? Yes  No 4. Is the condition a result of a bacterial infection? Yes  No 5. The problem has affected the:  Valves  Chambers/Walls  Electrical  Size  Arteries/Veins  BP

Other \_\_\_\_\_

6. As a result of this condition, my child is limited in their ability to: \_\_\_\_\_

7. My child should avoid: \_\_\_\_\_

8. Medications include: : \_\_\_\_\_

9. The Dr. recommended that Bacterial Endocarditis Prevention be implemented. Yes  No **MEDICATION**

Medical Code: M

1. Does your child require prescription medication during school hours? Yes  No 

2. Medication? \_\_\_\_\_

**(An "Authorization for the Administration of Prescribed Medication" Form must be completed)****OTHER**

Medical Code: O

1. Does your child have any significant **physician diagnosed** conditions? Yes  No 

ie, blood disorders, severe migraines, syndromes, disorders

2. Condition? \_\_\_\_\_

Lord Selkirk School Division recommends the use of MEDIC-ALERT bracelet if your child is at high risk medically.

1. Does your child wear a MEDIC-ALERT bracelet? Yes  No **\*\*IN CASE OF AN EMERGENCY, WE WILL CALL AN AMBULANCE\*\***

Lord Selkirk School Division subscribes to the Universal Student Accident Insurance Program which covers ambulance costs.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_