



Rosthern Junior College

MEDICAL HISTORY FORM 2018-2019

PLEASE FILL OUT AS ACCURATELY AS POSSIBLE. THIS INFORMATION IS VITALLY IMPORTANT!

Student Name: _____ **Applying for Grade:** _____

Canadian/Provincial Health Card Number: _____

Date of Birth (day/month/year): _____

Custodial Parents' Name: _____

Custodial Parents' Address: _____

Custodial Parents' Phone Number(s):

Home _____ **Work** _____ **Cell** _____

Emergency Contact Name: (if different from above) _____

Emergency Contact Phone Number(s):

Home _____ **Work** _____ **Cell** _____

Family Physician: _____ **Physician Phone Number:** _____

Immunization:

It is important that all students be up to date with their immunizations before arriving at RJC. Please ensure that your student has had all their immunizations completed. **All out-of-province students must provide a copy of their immunization records.**

The following needs to be completed by the student's parent or guardian.

1. Present state of physical and mental health: _____ Excellent _____ Good _____ Fair _____ Poor

2. List past and/or current illness/conditions (CHECK ALL THAT APPLY)

- | | | |
|----------------------------------------------|------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Eczema | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Depression |
| <input type="checkbox"/> FASD | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Bipolar |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Back Pain (Chronic) | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Asperger |
| <input type="checkbox"/> IBS/Crones/Colitis | <input type="checkbox"/> Migraines | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Self-harm/thoughts of Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Addictions (Alcohol/Drugs) |
| <input type="checkbox"/> Other _____ | | |

Please describe if condition is past or present and the degree of condition below: _____

3. Please list any dietary concerns (food allergies, etc.): _____

4. Previous surgery: _____

5. Previous injuries (sprains, strains, fractures, torn muscles, ligament injuries, etc.): _____

Has your injury resulted in a lasting disability? _____

6. Present medications (over the counter and prescription) _____

7. Is he/she responsible to take his/her own medication? _____

8. If the need arises, do you give RJC staff members permission to dispense Ibuprofene, Acetaminophen (no A.S.A.), antacids or decongestants to your child? Students would be required to sign for any of the above medications that they received. Yes _____ No _____

9. Has he/she ever been diagnosed with a learning disability?
(attention deficit disorder, other) Yes _____ No _____

If yes, please give details and indicate what medication is being used.

I am satisfied that my son/daughter, _____ is in good health and has my permission to take part in:
_____ all sport activities (including Phys. Ed. and outdoor education activities)
_____ only the following sport activities

Remarks _____

Declaration:

With regard to this application, I/We certify all particulars are true and complete in all aspects and no information has been withheld. I/We understand falsifying documents, information or failure to disclose pertinent information during this process may result in immediate withdrawal of our child from RJC. RJC reserves the right to cancel any admission ruling on medical or other grounds at the College's discretion.

I also agree to have my son/daughter examined by a physician if the school deems it necessary and am aware that the accompanying staff member may need to sign for my son/daughters examination and treatment if I am not able to attend.

Signature of Parent/Guardian

Date

Rosthern Junior College

Box 5020 Rosthern, SK S0K 3R0 Phone: (306)232-4222 Fax: (306)232-5250

email: office@rjc.sk.ca admissions@rjc.sk.ca website: rosthernjuniorcollege.ca

Revised Dec 2017