



École Entre Lacs

MEDICAL ALERT INFORMATION CONFIDENTIAL QUESTIONNAIRE

STUDENT NAME _____
First Last Date of birth

If you select one of the following conditions of health, you can contact or to be contacted by the nurse of the public health for more information. *Indicate the appropriate case with a check mark.*

<p>Emergency Conditions : <i>Diabetes</i> <i>Epilepsy</i> <i>Heart Condition</i> <i>Seizure</i> <i>Severe Allergies to</i> _____ _____ _____</p>	<p>Non Emergency Conditions : <i>Mild Allergies (controlled with medication)</i> <i>Mild Asthma (controlled with medication)</i> <i>Cancer</i> <i>Dyslexia</i> <i>Migraine headache</i> <i>Narcolepsy</i></p>
<p>Causing symptoms such as : <i>Hives</i> <i>Difficulty breathing</i> <i>Swelling (esp. Eyes, lips, face & tongue)</i> <i>Throat tightness/closing</i> <i>Fainting/loss of consciousness</i> <i>Specify others</i> _____ _____ _____</p>	<p><i>Medication allergy e.g. antibiotics</i> <i>Lupus</i> <i>Hearing impaired</i> <i>Visually impaired</i> <i>Physical disability</i> <i>Past history of major surgery with ongoing medical problems</i> <i>Specify others</i> _____ _____</p>
<p>Your child has ever required emergency care in a hospital for a severe allergic reaction?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Severe Asthma causing:</p> <p><input type="checkbox"/> Extreme difficulty breathing <input type="checkbox"/> Uncontrollable coughing <input type="checkbox"/> Wheezing not relieved with medication</p> <p>In case of an emergency situation in the school, identify the following measures which are necessary to meet your child need</p> <p><input type="checkbox"/> My child takes medications during school <input type="checkbox"/> Informing school personnel <input type="checkbox"/> Specific medical training of school staff <input type="checkbox"/> Available epipen in the school (specify location) <input type="checkbox"/> Medication/emergency supplies kept in designated areas.</p>	
<p><input type="checkbox"/> You would like to be contacted by the nurse regarding health concern. Please contact the nurse : 770-3434</p>	