

The Boundless School - Confidential Health Form

The following Health Form must be completed and signed by the student and, if the student is under 18 years of age, by the Student's parents/guardians. The information disclosed in this form is kept confidential and is used to provide a safe and meaningful experience for all students. Please call us if you have any questions regarding medical information and what needs to be disclosed. Boundless recommends, but does not require, that students have a medical exam prior to participating in a Boundless High School course. Please consider a medical examination if there has been no exam in the past 12 months, if there are any doubts about the student's ability to fully participate in the Boundless program, or if the student has been recently hospitalized or treated or exposed to a communicable disease. **It is crucial that Boundless receives, in writing, any changes in a student's health status (the student becomes ill, an injury, a change in medication etc.) after the Health Form has been submitted.** Boundless reserves the right to refuse a student enrolment in the program based on his/her health, or social-emotional status. **If you have any questions about the Boundless Program or the information in these forms, please contact the student's school, or contact Boundless directly at 613-758-2702.**

SECTION 1 - STUDENT INFORMATION

Last Name	First Name	Date of Birth: YY/MM/DD	Age on course start date:
-----------	------------	-------------------------	---------------------------

Address	City	Postal Code
---------	------	-------------

Height:	Weight:	Gender:	Home Phone:
---------	---------	---------	-------------

Can the student effectively communicate in English? Yes No

Students' families are responsible for any medical expenses incurred during the course, including medical evacuation. All students must be covered by their own medical insurance.

Does the student have provincial medical coverage? Yes No

If the student does not have provincial medical coverage, please indicate the private or alternate medical insurance information on a separate piece of paper and attach along with a photocopy of the policy information.

Provincial Health Card Number (Include letters): optional

Does the student have an up to date tetanus immunization? (Within 10 years of course end date): Yes No

If yes, please provide the date they were last immunized: DD/MM/YYYY

Student's Family Doctor:

Family Doctor's Phone Number:

SECTION 2 - EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name:
Home Phone:
Business Phone:
Cell Phone:
Email:

Parent/Guardian #2 (optional)

Name:
Home Phone:
Business Phone:
Cell Phone:
Email:

Emergency Contact Person (please provide at least one alternate emergency contact) This person will be contacted in the event that a parent/guardian cannot be reached.

Name:	Business Phone:
Relationship to Student:	Cell Phone:
Home Phone:	

SECTION 3 – MEDICATIONS

List all prescription (includes asthma inhalers) and non-prescription medications that the student will be bringing to Boundless

Any medications brought to Boundless by students must be in the original container(s) and clearly indicate the name of the medication, the dosage, the route of administration, the frequency with which the medication should be administered and the prescribing doctor's name and phone number. Medications brought to Boundless will be held in a secure location and made available to students as needed. A log will be kept by the staff recording all medications taken by students while at Boundless.

Name of Medication	Condition Being Treated	Dosage Amount	Mg/tablet	Schedule of Administration
<i>Example</i>	<i>Name or Describe Condition</i>	<i>400mg (2 tablets)</i>	<i>200mg</i>	<i>0800, 1600, 2100</i>

Use the space below to list any medications that the student takes regularly that will not be taken at Boundless:

Student's Name:

SECTION 4 – ALLERGIES

Allergic reactions represent a serious hazard, especially in a wilderness environment. Please note that Boundless High School is **not a nut free program** and we cannot guarantee that any meal is free from nuts, seeds, legumes, seafood or any other foods.

Is the student allergic/sensitive to any of the following?

- a) Medications Yes No if yes please list: _____
- b) Foods Yes No if yes please list: _____
- c) Insect bites/stings Yes No if yes please list: _____
- d) Other (environmental, animals etc.), please list: _____
- e) Do you carry an epi-pen or other epinephrine injector? Yes No

Please indicate the nature and severity of all allergies, usual treatment methods and any other information about the students' allergies in the space below.

SECTION 5 – MEDICAL HISTORY/CONDITIONS

If the student has any medical or mental health conditions, please describe them below.

Does the student have Asthma? Yes No If yes do you use medication to control your asthma Yes No
How severe is her/his Asthma? _____
What Triggers his/her Asthma? _____
How often does she/he have an asthma attack? _____
What helps to manage his/her asthma attacks? _____

Please list any asthma medications (including inhalers) in section 3

Has the student had any recent injury, illness or infectious disease? Yes No if yes when? Please describe.

Has the student had any surgeries? Yes No if yes when? Please describe.

Does the student have any problems with hearing or vision (wear glasses/contacts)? Yes No if yes, please describe.

Does the student require a special diet (vegetarian, etc)? Yes No if yes, please describe what he/she cannot eat etc.

Does the student have a seizure disorder? Yes No if yes please describe the condition below and list any medications in section 3.

Does the student have any problems with her/his back, neck, arms, shoulders, ankles or knees that limits his/her activities?
Yes No if yes please describe.

Does the student have diabetes, hypoglycaemia, thyroid trouble or other endocrine conditions? Yes No if yes please describe.

Has the student ever had a brain injury requiring treatment (i.e. concussions)? Yes No if yes please describe (give date and severity).

Does the student suffer from severe headaches, dizziness or fainting? Yes No if yes please describe.

Does the student suffer from chronic skin problems (rashes, sun sensitivity, eczema etc.) Yes No if yes please describe.

Does the student's health prevent them from participating in any physical activities? Yes No if yes what, when, why?

Student's Name:

SECTION 5 – MEDICAL HISTORY/CONDITIONS continued

Please answer the following questions by checking the appropriate box 'yes' or 'no'. In the space provided below, please describe the details for any question that you answer 'yes'.

- 1. Has the student had, or does the student have, a substance abuse problem? Yes No
- 2. Does the student experience motion sickness? Yes No
- 3. Has the student had, or does the student have, any eating disorders (anorexia, bulimia)? Yes No
- 4. Does the student ever sleepwalk? Yes No
- 5. Has the student ever had ulcers, or other significant stomach/intestinal problems? Yes No
- 6. Does the student have a history of high blood pressure or hypertension? Yes No
- 7. Does the student have a history of cardiovascular disease or conditions (valve disorder, heart murmur, angina)? Yes No
- 8. Has the student had hepatitis? Yes No
- 9. Does the student have chronic bladder infections, difficulty with urination, or other bladder/kidney problems? Yes No
- 10. Has the student had frostbite, a significant reaction to cold temperatures or other circulatory problems? Yes No
- 11. Has the student suffered from heat exhaustion or had other significant reactions to warm temperatures? Yes No
- 12. Does the student have any communicable diseases? Yes No
- 13. Does the student have any social, emotional or behavioural issues? Yes No
- 14. Does the student have any other physical or mental health issues? Yes No
- 15. Has the student been diagnosed with an autism spectrum condition (including Asperger's or Non-Verbal Learning Disorder)? Yes No
- 16. Does the student have learning difficulties/disabilities? Yes No
- 17. Is the student pregnant? Yes No
- 18. Does the student have any premenstrual or menstrual problems? Yes No
- 19. Tobacco products: Does the student use tobacco products? Yes No
- 20. Tobacco products: Does the student have permission to use tobacco while at Boundless? Yes No

Please indicate the question number and use the space below to describe the details for any "yes" answers above.

SECTION 7 - SWIMMING ABILITY

At Boundless students participate in various water-based activities such as swimming in calm and moving water, flatwater and whitewater canoeing and whitewater rafting. Boundless staff will further assess students' swimming abilities. Personal Flotation Devices are mandatory in certain situations and are always available for those who cannot swim or are uncomfortable around the water. Please assess your (the student's) swimming ability:

Non-Swimmer Weak Swimmer Can swim 100m without a Lifejacket or Flotation Device

Non-swimmers: Are you comfortable (i.e. will not panic) in deep water while wearing a Lifejacket or Flotation Device? Yes No

A BRIEF DESCRIPTION OF THE BOUNDLESS PROGRAM

When students come to Boundless they live in a group setting with up to 30 people. They will share bedrooms with same-sex peers and will be supervised by at least 5 Boundless staff. Students should expect to participate in water-based activities such as swimming, canoeing and/or rafting and aerial ropes courses, and should expect to be camping in tents away from our base camp. At times, students may be up to 24hrs away from definitive medical care. The Boundless staff have certifications in wilderness first aid and life guarding.

Student's Name:

SECTION 8 – SIGNATURES

I confirm that I have completed the preceding medical and swimming questionnaire. I have filled out each section including the information about tobacco products and all medications the student is currently taking. I confirm that the information provided is a complete and accurate statement of the physical and psychological factors that may affect the student's participation in The Boundless School Program. I realize that failure to disclose any such information could result in serious harm to the student and other participants. I agree to indemnify and hold The Boundless School harmless if all relevant information is not disclosed.

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

I give my permission for the student to participate in all aspects of The Boundless School Program (unless otherwise noted). I understand that Boundless is a highly active program where students will be away from definitive medical care. I give permission to The Boundless School officials to act on the student's behalf as necessary in the case of illness, injury, mishap or accident during this course. This includes but is not limited to: first aid treatments, giving non-prescription medications and, when indicated giving salbutamol and injection of epinephrine.

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian if student in under 18: _____ Date: _____

I/we am/are aware that photographs and videos may be taken of myself (the student) and other participants. I/we consent to have this material used by Boundless High School in perpetuity; to be presented in newsletters, websites, and other promotional materials and/or public relations events (and in any media chosen by The Boundless School).

Student's Name: _____ Student's Signature: _____ Date: _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____ Date: _____

IF YOU HAVE ANY QUESTIONS ABOUT THE BOUNDLESS PROGRAM OR ANYTHING CONTAINED ABOVE, PLEASE CONTACT THE STUDENT'S SCHOOL, OR CONTACT BOUNDLESS DIRECTLY AT 613-758-2702

www.theboundlesschool.com
office@theboundlesschool.com

PLEASE ENSURE THAT ALL SECTIONS ON ALL 4 PAGES OF THIS FORM ARE COMPLETE AND THAT THE STUDENT'S NAME IS PRINTED AT THE TOP OF EACH PAGE