

## The Boundless School Confidential Health Form

The following Health Form must be completed and signed by the student's parent/guardian and the student. **The completed form must be received by our office no later than March 31 or within 7 days of booking (if booking after March 31st).** 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 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 for/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 this Health Form has been submitted.** Boundless reserves the right to refuse a student enrollment in the program based on his/her health, or social-emotional status, in this case the family is not entitled to a refund and shall forfeit all monies paid.

### 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:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Gender: Home Phone:
Can the student effectively communicate in English? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>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.</b>			
Does the student have provincial medical coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>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.</small>			
Provincial Health Card Number (Include letters):			
Does the student have an up to date tetanus immunization? (Within 10 years of course end date): Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>If yes, please provide the date they were last immunized: DD/MM/YYYY</small>			
Student's Family Doctor:		Family Doctor's Phone Number:	

### SECTION 2 - EMERGENCY CONTACT INFORMATION

<b>Parent/Guardian #1</b> Name: Home Phone: Business Phone: Cell Phone: Email:	<b>Parent/Guardian #2 (optional)</b> Name: Home Phone: Business Phone: Cell Phone: Email:
<b>Emergency Contact Person</b> (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.

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 during the school year 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 The Boundless 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 their Asthma? \_\_\_\_\_  
What Triggers their Asthma? \_\_\_\_\_  
How often do they have an asthma attack? \_\_\_\_\_  
What helps to manage their asthma attacks? \_\_\_\_\_

**Please list any asthma medications 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 suffer from chronic skin problems (rashes, sun sensitivity, eczema etc.)** Yes  No  if yes please describe.

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

**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/e-cigarette/vaping products? Yes  No
- 20. Tobacco products: Does the student have permission to use tobacco/e-cigarettes/ nicotine vapes 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 6 – HOW ARE YOU FEELING?**

**Please mark the statements that best describe your (the student’s) feelings toward attending The Boundless School. (mark all that apply)**

- Excited
- Can’t wait!
- Would rather eat brussel sprouts
- It will be different from anything I have done before
- Nervous
- Sounds like fun
- Apprehensive
- Resistant

**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 most situations and are available during all water based activities. 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

**Student's Name:** \_\_\_\_\_

**SECTION 8 – SIGNATURES**

**Students will be expelled from the program for the following reasons:**

- Any uninvited or unwanted physical or sexual advances
- Any form of assault
- Uttering violent, sexual or discriminatory comments; or voicing and acting out any threat
- Engaging in any form of sexual intimacy
- Bullying or intimidating other students or alienating other group members
- Being in possession of, or under the influence of alcohol or illicit drugs (includes cannabis products)
- Theft of school equipment or belongings of other students and staff
- Wilful destruction of school property or that of other students and staff
- Arriving with a physical or mental health issue which compromises the student's ability to participate safely and fully in the Boundless program or to participate effectively in group process.
- A consistent lack of punctuality or other behavior which compromises the group cohesiveness and their instructional time
- A persistent refusal to participate or to engage in chores and other group responsibilities
- A wilful disregard for safety protocols
- A wilful disregard of established boundaries (wandering outside of supervised areas)
- Any unauthorized use of mobile phones or electronic communication

**I/we confirm an understanding that in the event of an expulsion, parents/guardians may incur fees for transporting the student home. Should Boundless choose, at its sole discretion, to expel a student under any of the circumstances described above or in the Welcome Letter, there shall be no refund and any funds paid to The Boundless School shall be forfeited.**

**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:** \_\_\_\_\_

**I/we confirm that I have completed the preceding medical and swimming questionnaire; I/we confirm that the information provided is a complete and accurate statement of the physical, social, and psychological factors that may affect my (the student's) participation in The Boundless School program. I realize that failure to disclose any such information could result in serious harm to myself (the student) and other participants and agree to indemnify and hold Boundless harmless if all relevant information is not disclosed. I also acknowledge that failure to disclose any physical, social, or psychological factors that may affect the student's participation in The Boundless School program gives The Boundless School the right to dismiss the student without refund.**

**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:** \_\_\_\_\_

**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 The Boundless School in perpetuity; to be presented in newsletters, websites, and other promotional materials and/or public relations events (and in any media chosen by Boundless).**

**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:** \_\_\_\_\_

**The Boundless School clothing and equipment lists detail the appropriate clothing required for participation in an intensive experiential education program. Certain items on the lists are crucial for our students' comfort and safety and thus are required (please see the list of required items in the policies and procedures section of The Boundless School Welcome Letter). I/we commit to arrive at The Boundless School with all of the crucial clothing and equipment listed on the The Boundless School Clothing and Equipment List. If I (the student) do(es) not arrive with said clothing and equipment, I hereby give permission to The Boundless School to provide me (the student) with the appropriate equipment at my/our expense.**

**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:** \_\_\_\_\_

**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**