

Bus Stop # \_\_\_\_\_

# Medical Form

## City of Sarnia – Community Services

**All questions contained in this questionnaire are strictly confidential and will become part of your medical record.**

|  |                |                                 |
|--|----------------|---------------------------------|
| Child's Name:  | Age:           | Date of Birth (mm/dd/yy)<br>/ / |
| Child's Address:   |                | Postal Code:                    |
| Name of Parent/Guardian:   |                | Home Ph:                        |
|  |                | Cell Ph:                        |
| Health Card #  | Doctor's Name: | Dr.'s Ph:                       |
| <b>In case a guardian cannot be reached, the name of someone else to be contacted is required in case of an emergency:</b> |                |                                 |
| Contact Name:  | Contact Ph:    | Business Ph:                    |
| Relationship to Child:   |                |                                 |

### PERSONAL HEALTH HISTORY

|   |           |
|---|-----------|
| Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Comments: |
| Is your child currently on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Comments: |
| If yes, please indicate if medication is being taken: <input type="checkbox"/> orally OR <input type="checkbox"/> by injection  |           |
| When is your child required to take the medication?   |           |
| Is your child's shots up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           |
| Does your child currently, or has your child in the last year, had emotional, behavioral or psychological problems for which he/she is currently receiving, or has had to receive professional help? <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| Explain:  |           |
| Is there any condition particular to your child (including any other serious ailment or any physical or developmental handicap) which is not mentioned above and that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No         |           |
| Explain:  |           |

### APPLIES TO SAREDACA ONLY

(PLEASE CHECK)

- At the end of the day:
- a) My child is to wait until a parent arrives to pick-him/her up
  - b) Will be allowed to leave on his/her own accord once the program is finished
  - c) My child will take the bus home

If there is **no parent** there to meet my child at the bus stop:

- a) My child will remain on the bus until the last stop in accordance with the policy of the City of Sarnia
- b) My child will be allowed to leave on his/her own accord and walk home from the bus stop

Are you in favour of off camp special events  Yes  No

|                     |       |
|---------------------|-------|
| Signature of Adult: | Date: |
|---------------------|-------|

Personal information is collected under the authority of the municipal freedom of information and protection of privacy act, 1989, as awarded, and will be used in the administration of the summer program or in the event of a medical emergency. Questions about this collection should be directed to:  
 Director of Community Services, 255 N. Christina St. N. Sarnia, ON N7T 7H2