



Ridley College
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St. Catharines, Ontario
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Dear Parent / Guardian and Student:

On behalf of the Schmon Health Centre at Ridley College, a warm welcome is extended to you and your family. Our overall goal is to enhance positive growth and adjustment, while promoting health enhancing behaviours and reducing or eliminating health-compromising behaviours while attending Ridley College.

Enclosed you will find:

1. Student Medical profile (cream)

Complete all 4 pages. On page 4 the Immunization Record in bold type, is the immunization required to attend school in Ontario. It is also recommended that students receive a meningitis immunization prior to coming to Ridley College.

2. Physical Examination Profile (blue)

To be completed by student's physician

3. Ridley College Acknowledgement (white)

Complete all sections of the consent.

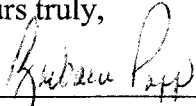
Parent/ Guardian, Student and Witness to sign

ALL FORMS MUST BE RETURNED TO THE HEALTH CENTRE WITHIN ONE MONTH OF RECEIVING.

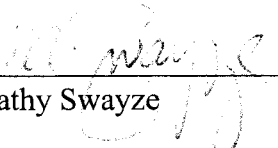
If the student is bringing any medicines to Ridley College (prescription, herbal or over the counter remedies), these must be brought to the Health Centre on arrival at the College. All students residing outside Ontario must purchase a private health insurance plan offered by the College. The college also has third-party accident liability insurance.

We look forward to meeting you in September when you register for classes and thank you for your co-operation in completing the enclosed medical information. Should you have any questions, you may contact either Barbara Papp – Nurse Manager and / or Dr. Kathy Swayze – Medical Director.

Yours truly,



Barbara Papp RN BScN ET MEd



Dr. Kathy Swayze

Respiratory System (history of breathing problems: wheezing, pneumonia, asthma, hay fever or bronchitis, chronic cough; breathing difficulties with physical exertion): _____

Cardiovascular System (history of heart murmur; hypertension; valve problems; rhythmic disturbances; leg pain when walking): _____

Gastrointestinal System (indigestion: ulcers, frequent nausea and vomiting, eating disorders; use of laxatives): _____

Urinary System (history of bladder, kidney, or urinary tract infections): _____

Reproductive System (menstrual history, date of last Pap smear; history of sexually transmitted infection): _____

Nervous System (history of fainting; seizures; motor problems e.g. gait, balance, coordination): _____

Musculoskeletal System (history of fractures; muscle cramping; limitations on walking, running or participating in sport; joint swelling or stiffness; spinal deformity; chronic back pain; any sports injury which resulted in loss of time from practice or play); _____

Immune & Blood System (history of anemia; bleeding or bruising tendencies; becoming easily fatigued; history of allergies including: eczema, hives, itching, chronic clear nasal discharge): _____

Endocrine System (history of thyroid abnormalities; diabetes; heat or cold intolerance; unexplained changes in weight): _____

5. Please describe below any medical information not covered by the foregoing, such as psychological or social disorders:

Depression: Yes ___ No ___ Date: _____ Treatment: _____

Eating Disorders: Yes ___ No ___ Date: _____ Treatment: _____

Attention Deficit Disorder: Yes ___ No ___ Date: _____ Treatment: _____

Addictions:

Smoking: Yes ___ No ___

Alcohol Intake: Yes ___ No ___

Substance Use: Yes ___ No ___

Other: _____

6. List current medication that the student is taking now and would continue using at Ridley College. Include prescription and non-prescription medications, homeopathic and acupuncture practices. Medications must be stored at the Health Centre. Please bring all medications to the Health Centre on Registration Day.

7. Is there a family history of?

Diabetes: _____ Coronary Artery Disease: _____

Elevated Cholesterol: _____ Arthritis: _____

High Blood Pressure: _____ Other: _____

Age of Siblings: _____

Niagara Region

PUBLIC HEALTH

The Immunization of School Pupils Act requires all children under the age of 18 attending schools in Ontario to provide proof of up-to-date immunization against diphtheria, tetanus, polio, measles, mumps, and rubella. Students may be exempted for medical reasons, or religious or conscience beliefs.

The law also states that the Public Health Department must have record of each student's immunization on file.

_____ (surname) _____ (given) _____ OHN Card Number _____
 _____ (date of birth - YY/MM/DD) _____ (School)

Please complete date vaccine was given and mark (x) in appropriate box. The following immunizations are required to attend school in Ontario, Canada:

Recommended Schedule	Dates Given (YY/MM/DD)	D	P	T	POLIO	
		Diphtheria	Pertussis	Tetanus	IPV-Salk	OPV-Sabin
2 Months						
4 Months						
6 Months						
18 Months						
4 - 6 Years						
Recommended Schedule	Dates Given (YY/MM/DD)	M		M	R	
		Measles		Mumps	Rubella	
#1 Dose - After First Birthday						
#2 Dose - Required before 7 th birthday						
Hepatitis B Preadolescence	Dates Given TM (YY/MM/DD)	#1	#2	#3		
Recommended Schedule	Dates Given (YY/MM/DD)	TdP	Adacel (dTap) Recommended teen booster in Canada			
Teen Booster 14-16 years						

Has the student had:

Tuberculin Test: Yes ___ No ___ Results: Positive ___ Negative ___ Date: (D/M/Y) _____

BCG Immunization: Yes ___ No ___ Date: (D/M/Y) _____

Hepatitis Vaccine: A Yes ___ No ___ Date: (D/M/Y) _____

B Yes ___ No ___ Date: (D/M/Y) _____

Meningitis Vaccine: Yes ___ No ___ Date: (D/M/Y) _____ Ridley College recommends

Chicken Pox Vaccine: Yes ___ No ___ Date: (D/M/Y) _____

Other Vaccines: (Name) _____ Date: (D/M/Y) _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

Vaccines: _____ Date: _____

PHYSICAL EXAMINATION COMPLETED BY FAMILY PHYSICIAN

GENERAL STATEMENT OF HEALTH (Please include a summary of general assessment, chronic diseases, psychological and psychiatric problems).

ALLERGIES: Drug _____ Food _____ Other _____

Height: _____ Weight: _____ lb/kg (Please circle) Overweight: _____ lb/kg Underweight: _____ lb/kg
Blood Pressure: _____ / _____ Pulse: _____ Pulse irregularities: Yes _____ NO _____

GENERAL HEALTH: CHECK IF NORMAL, DESCRIBE IF ABNORMAL:

Skin:	Feet:
Eyes:	Ankles:
Ears:	Knees:
Nose:	Shoulders:
Mouth & Throat:	Peripheral vessels:
Neck:	Back:
Thorax & Lungs:	Genitalia:
Hernia:	CNS:
Abdomen:	Thyroid:
Heart:	Extremities:
Heart Murmur: absent ___ functional ___ other ___	Scars:

Psychological and Psychiatric assessment: _____

WHAT FURTHER TESTS ARE INDICATED BASED ON YOUR EXAMINATION?

Urinalysis: No ___ Yes ___ Results: Date _____

Hemoglobin: No ___ Yes ___ Results: Date _____

Stress ECG: No ___ Yes ___ Results: Date _____

TB skin test: No ___ Yes ___ Results: Date _____

Other tests: _____

Does the student require a tetanus vaccination? No ___ Yes ___ Date administered _____

Do you feel that further examination by a specialist is indicated? No ___ Yes ___

If so, what kind of specialist _____

I have examined _____ (student name) and find her / him to be in good health and able to participate fully in the Sports Programme at Ridley College.
Exception / restrictions (please specify): _____

I certify this student is fully immunized up to the standards set by the Ontario Ministry of Health.

SIGNATURE: _____ M.D.

DATE: _____

ADDRESS: _____

TELEPHONE: _____

NOTE: Applicant is responsible for costs of physical examination and form completion.



RIDLEY COLLEGE ACKNOWLEDGEMENT
Must be completed by all parents/guardians in order to receive care at the Schmon Health Centre at Ridley College

CONSENT TO TREATMENT

I am the parent (legal guardian) of _____ (student's name) at Ridley College, and hereby give my consent to the staff and physicians at the Schmon Health Centre at Ridley College to provide medical care and treatment, including medication for such student while in attendance at Ridley College.

GOVERNING LAW

I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between myself and/or _____ (student's name) and the staff and physicians of the Schmon Health Centre at Ridley College shall be governed by and construed in accordance with the laws of the Province of Ontario.

JURISDICTION

I hereby acknowledge that the treatment will be performed in the Province of Ontario and that the Courts of the Province of Ontario shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. I hereby agree that if I commence any such legal proceedings they will be only in the Province of Ontario, and hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario.

EMERGENCY MEDICAL CONSENT TO TREATMENT

I am the parent (legal guardian) of _____ (student's name) at Ridley College, and hereby give my consent to the staff and physicians at the Schmon Health Centre at Ridley College to provide or arrange for the provision of any necessary or emergency medical treatment for such student as they may deem appropriate and whether such medical treatment is provided at the Schmon Health Centre or other medical or health care facility. I hereby consent to the release of any and all medical records concerning _____ (student's name) by the staff and physicians of the Schmon Health Centre at Ridley College to another medical or health care facility that is required to provide medical treatment to such student.

IMMUNIZATION

I wish _____ (student's name) to have the influenza, chickenpox, meningitis vaccine and tuberculin test if recommended by the Niagara Regional Health Unit. Please check if applicable: NO _____ I understand that any delinquent immunizations or students without immunization records will have appropriate immunizations administered in accordance with the standards set by the Ontario Ministry of Health (Immunization of School Pupils Act, 1990).

The medical information I have provided is correct and complete. I agree to notify the Schmon Health Centre at Ridley College of any medical development in the health of the student while in attendance at Ridley College.

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____
PRINTED NAME _____

STUDENT'S SIGNATURE _____ **DATE** _____
PRINTED NAME _____

WITNESS SIGNATURE _____ **DATE** _____
PRINTED NAME _____