



Only One You Life Skills Educational Workshops – *Health Form*

Please complete one form per child. Any additional information may be attached.

Child's Name: _____ Age: _____

Child's Health Card Number: _____

Family Doctor: _____ Telephone: _____

Please circle any of the following health or medical conditions below.

- Diabetes**
 Epilepsy
 Bleeding Disorder
 Nose Bleeds
 Migraines
 Emotional Behaviour
 Other: _____

Please provide details of usual treatment for each of the above conditions indicated.

Please list any dietary restrictions for your child:

Allergies/Asthma

At times, a portion of the workshop may be conducted outdoors. Please complete accordingly.

Triggers	Rate Severity (1- Mild 4- Life Threatening)				Treatment
Food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Drug	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Insect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	_____

Does your child have an asthma INHALER? Yes No

If yes, can your child use it? Yes No

Does your child have an EPIPEN? Yes No

If yes, can your child use it? Yes No

Please be advised that if your child has an EPIPEN, it needs to remain with them at all times

Does your child self-administer his/her own medications? Yes No

If Yes, please provide details : _____

Please list any other medications that your child will be bringing to the workshop.

If your child's allergy/asthma is Life-Threatening and/or if OUY workshop staff are required to administer medication by way of an EPIPEN or INHALER, a Doctor's signature is required

Printed Name: _____ **Signature:** _____

****See complete the REVERSE****

Limitations/Participation

Please explain any limitations or other concerns, which might affect your child's participation in the program. (ie. Injuries, recent operations, emotional/behavioural issues). On the back of this form.
