

# **NORTHWEST PASSAGE HIGH SCHOOL**

## **District 4049**

### **Medical Form**

All Sections are to be completed by students and parents/guardians

Name:	Telephone
Address:	Height: Weight: Age:

### **Emergency Contacts:**

Name of Father:	Name of Mother:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Name of nearest relative:	Phone Number:

### **Allergies/Medications:**

List all allergies and reactions:

Are you currently taking any medications? If yes, please indicate type and dose:

Note: the NWPHS Instructors will dispense All medications. Please bring enough medication for your trip in original prescription bottle.

### **Hospitalization/Surgery:**

Please list any surgeries/hospitalizations within the past two years.

### **Lifestyle:**

Please check all that apply to you.

- Do you use alcohol?
- Do you smoke?
- Do you currently have a substance abuse problem?
- Do you have a history of chemical dependency?

**Past and Present Medical Conditions**

Please place a check in the box if you have or had any of the following conditions or symptoms.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart Conditions     | <input type="checkbox"/> Kidney or Bladder Infections | <input type="checkbox"/> Tuberculosis      |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Currently Pregnant           | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> History of Seizures  | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Hypoglycemia      |
| <input type="checkbox"/> Joint/Back Injuries  | <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Head Injury       |
| <input type="checkbox"/> Hearing Impairment   | <input type="checkbox"/> Vision Impairment            | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Chronic Cough        | <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Depression                   | <input type="checkbox"/> Eating Disorder   |
| <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Anger Issues                 |  |

If you have checked any of the above boxes, please explain below. Include dates, restrictions, treating physician. (Use additional sheets if necessary)

**Insurance:**

Please list your insurance provider:

Policy Number:	Group Number:
Doctor's Name:	Phone:

**Signature Required**

I (we) have carefully and thoroughly completed the medical history. I understand that as a student of Northwest Passage High School, I will, at times, be exposed to above normal risks. I understand that NWPHS has taken precautions to provide proper equipment and well qualified instructors. I also understand that I will be required to move on my own with little assistance, carry 20-50 pounds over varying terrain, enter and exit a boat with little assistance and be able to upright myself in case of a boat tipping.

I (we) acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident, as detailed above, and consent to the participation of the above named student in the NWPHS expeditions. I hereby grant permission to NWPHS instructors to provide medical assistance in case of emergency.

\_\_\_\_\_  
Parent/Guardian date

\_\_\_\_\_  
Student date