



HORIZON SCHOOL DIVISION
Policy Code: HICA Attachment H
VOLUNTEER MEDICAL INFORMATION

HEALTH INFORMATION: Teacher/Coach/Leader in Charge will have a photocopy of this information during the off-site Activity(ies) to address health and medical needs including emergencies and may share this information with others as deemed necessary.

MUST BE COMPLETED

Volunteer Name: _____ AHC# _____ (Required if trip is outside Alberta)

Birth Date: _____ Allergies: _____

Health/Medical Conditions (include signs/symptoms) indicating an emergency response is required and steps taken in event of emergency related to this condition:

Medications Taken (Name, Reason, Dosage) _____

List Triggers that could activate medical condition _____

Medical Treatment Restrictions (if any) eg. Blood Transfusions _____

Dietary Restrictions (If Any)

Other Concerns _____

Emergency Contacts:

1) _____ Phone (H) _____ (W) _____ (C) _____

2) _____ Phone (H) _____ (W) _____ (C) _____

I understand and consent to the above as described herein:

Date: _____ Name: _____ Signature: _____

(Please Print)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your school principal or the associate superintendent of Finance and Operations at 403-223-3547.