



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) e.g. Blood Transfusions

Dietary Restrictions (If Any):

Other Concerns:

Emergency Contacts:

1) _____

Phone _____ (Home) _____ (Work) _____ (Cell)

2) _____

Phone _____ (Home) _____ (Work) _____ (Cell)

I understand and consent to the above as described herein:

Date: _____ Name: _____ Signature: _____
(Please Print)