

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#	(Requ	uired if trip is outside Alberta)
Birth Date:	Allergies:			
Health/Medical Conditions (incl taken in event of emergency re		ndicating an emer	gency response is re	quired and steps
Medications Taken (Name, Rea	ason, Dosage)			
List Triggers that could activate	medical condition			
Medical Treatment Restrictions	(if any) e.g. Blood Tra	nsfusions		
Dietary Restrictions (If Any):				
Other Concerns:				
Emergency Contacts: 1)				
Phone	_(Home)	(Work)	(C	Cell)
2)				
Phone	_(Home)	(Work)	(C	Cell)
I understand and consent to the	e above as described h	erein:		
Date:	Name:	Print)	Signature:	

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.