



Rothesay Netherwood School
Confidential Student Health History
ANNUAL UPDATE FOR RETURNING STUDENTS
2013-2014

To be completed by parent/guardian for returning students.			
Student Name:		Sex: M/ F DOB (mm/dd/yy):	
Student Height:	Student Weight:	Entering Grade:	
Home Address:			
Mother/Guardian:	Home #:	Work #:	Cell #:
Father/Guardian:	Home #:	Work #:	Cell #:
Emergency Contact:	Home #:	Work #:	Cell #:
Note: Boarders should have their Provincial Healthcare Card with them at school. International Health & Hospital Insurance for Non-Residents of Canada: The school will make the application to Global Excel on student's behalf prior to their arrival at school in September. <u>Please do not take out any other insurance.</u>			

Health History since last school term.			
	Yes	No	Please provide any details to all "Yes" conditions:
DEVELOPED ANY NEW ALLERGIES?			
Any injuries requiring medical attention?			
Any surgical operation or fractures?			
Any illness lasting more than five days?			
Any chronic disease/asthma?			
Change in wearing glasses or contacts?			
Update to immunizations?			
Psychological/Emotional Problem?			
Other?			

List all medications used on a regular / occasional basis. Provide reason for using medication, dosage and schedule.
Permission is hereby granted for the administration of over the counter medications for the treatment of minor medical issues. Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ **Yes** ☐ **No** **Parental Permission:** Permission is hereby granted to the school's medical team to proceed with any minor medical treatments, examinations (e.g. dental, eye, x-ray) and immunizations for the above named student. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician and the school to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Parent / Guardian Signature(s): _____ Date: _____



Outward Bound^{CANADA}

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM (2013-2014)

I understand that during my participation in any OUTWARD BOUND course or activity I may be exposed to situations and environmental conditions where the stresses and hazards may be greater or different than I normally encounter. I understand too, that although OUTWARD BOUND CANADA (the “school”) has taken precautions to provide proper organization, supervision, instruction and equipment for each course, circumstances may arise which are beyond the control of the school. I acknowledge that the school cannot guarantee absolute safety. I also understand that I am, in part, responsible for my own safety and agree to comply with the instructions and directions of the school staff members during the course.

I fully comprehend and willingly assume the responsibilities and risks, including, but not limited to, any risks, which are not foreseeable as part of participating in this program, as outlined in the orientation information and as explained to me by the instructor(s) or facilitator(s).

I have also accepted responsibility to verify that I do not have any physical or psychological problems that would impair my ability to participate in an Outward Bound course or would create undue risk to others or myself who may depend on me during the course. In this regard, I have completed the Rothsay Netherwood School (Outward Bound Canada) Confidential Medical History form and I acknowledge that the School will rely upon statements as to my medical condition contained therein and herein

I HAVE READ THIS FORM AND I UNDERSTAND AND ACKNOWLEDGE THAT IT IS A CONDITION TO THE STUDENT BEING ACCEPTED ON THE COURSE THAT I AGREE TO THE ABOVE STATED TERMS OF THIS FORM.

Student Name (print): _____

Grade: _____

Student Signature: _____

Date: _____

I (we) consent to the participation of the above named student in the course. I (we) make the acknowledgements, assume the risks and responsibilities and release Outward Bound Canada in accordance with this Acknowledgement and Assumption of Risk, for and on behalf of myself (ourselves) and the above-named student.

Parent/Guardian (print): _____

Signature: _____ Date: _____