



# Dasmesh School Winnipeg

## Medical Questionnaire

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

We are asking your assistance in identifying any medical condition that your child may have. Please complete all sections that apply so that the Dasmesh School Winnipeg can provide the safest possible environment, the most appropriate response in the event of a medical emergency, and the development of a Health Care Plan, if necessary.

### ANAPHYLAXIS

Medical Code: X

1. Does your child have a physician diagnosed 'LIFE THREATENING' allergy? Yes No

If "NO" to the above question, go to the next section.

2. Have you provided a written confirmation of allergy from you doctor. Yes No

3. What triggers the reaction? \_\_\_\_\_

4. Signs and symptoms of your child's reaction? \_\_\_\_\_

5. Does your child require an Epi-pen? Yes No

6. Does your child carry an Epi-pen at all times? Yes No

7. Location of Epi-pen? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Dasmesh School Winnipeg recommends that an Epi-pen be carried by the child at all times. If your child experiences an emergency, epinephrine will be administered and the child will be transported to the hospital.

### SEIZURES

Medical Code: S

1. Does your child have a history of seizures? Yes No

If "NO" to the above question, go to the next section.

2. Seizures began at \_\_\_\_\_ years of age.

3. Seizures are described as: Simple Partial Complex partial

Generalized Tonic/Clonic Absence

4. Seizures last approximately \_\_\_\_\_ minutes.

5. Signs and symptoms of your child's seizure? \_\_\_\_\_

6. Seizure medication? \_\_\_\_\_ Yes No

7. Child has grown out of seizures. Yes No

8. Child has been seizure free for \_\_\_\_\_ months/years.

### DIABETES

Medical Code: D

1. Does your child have diabetes? Yes No

If "NO" to the above question, go to the next section.

2. Does your child have consistent control of blood glucose? Yes No

3. What is the normal blood glucose range for your child? 4-7 8-10 10-13

4. Does your child carry monitoring equipment daily? Yes No

5. Describe your child's Hypoglycemia (Low Blood Glucose) \_\_\_\_\_

6. Where are extra supplies, monitoring equipment and Carb Kits kept? \_\_\_\_\_

(Carb kits are disposable Ziploc containers with small juice box, fruit to go, granola bar, cake mate)

7. My child attends Diabetic Clinic regularly Yes No

8. The last A1C was \_\_\_\_\_ on (date) \_\_\_\_\_

**ASTHMA**

Medical Code: A

1. Does your child have physician diagnosed asthma? Yes No

If "NO" to the above question, go to the next section.

2. Degree of asthma? Mild Moderate Severe

3. What triggers the reaction? \_\_\_\_\_

4. Signs and symptoms of your child's asthma? \_\_\_\_\_

5. Asthma medication? \_\_\_\_\_ Yes No

6. Does your child self-administer medication? Yes No

7. How often does your child use their rescue inhaler? Daily Weekly Seasonally Last Year

8. Location of medication? \_\_\_\_\_

It is recommended that the inhaler be carried on person at all times.

**CARDIAC CONDITION**

Medical Code: C

1. Does your child have a physician diagnosed cardiac condition? Yes No

If "NO" to the above question, go to the next section.

2. Degree or Severity of condition is: Mild Moderate Severe

The name of the condition is \_\_\_\_\_

3. Was surgery required? Yes No

4. Is the condition a result of a bacterial infection? Yes No

5. The problem has affected the: Valves Chambers/Walls Electrical Size Arteries/Veins BP

Other \_\_\_\_\_

6. As a result of this condition, my child is limited in their ability to: \_\_\_\_\_

7. My child should avoid: \_\_\_\_\_

8. Medications include: : \_\_\_\_\_

9. The Dr. recommended that Bacterial Endocarditis Prevention be implemented. Yes No

**MEDICATION**

Medical Code: M

1. Does your child require prescription medication during school hours? Yes No

2. Medication? \_\_\_\_\_

(An "Authorization for the Administration of Prescribed Medication" Form must be completed)

**OTHER**

Medical Code: O

1. Does your child have any significant physician diagnosed conditions? Yes No

ie, blood disorders, severe migraines, syndromes, disorders

2. Condition? \_\_\_\_\_

Dasmesh School Winnipeg recommends the use of MEDIC-ALERT bracelet if your child is at high risk medically.

1. Does your child wear a MEDIC-ALERT bracelet? Yes No

**\*\*IN CASE OF AN EMERGENCY, WE WILL CALL AN AMBULANCE\*\***

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_