Ridley College
HEALTH INFORMATION UPDATE 2011 - 2012
(all returning students must complete & return this form by August 15th)

_____ _____ _____ _____
(PRINT) Last Name First Name Present Grade Boarder/Day House at Ridley

_____
Home Address Student Cell Phone Number

Home:_____ Parent's Cell:_____

_____ Work:_____ Student's Cell:_____
Parent's E-mail Address Telephone Numbers

Health Card Number *(if resident in Canada)*_____Version Code, if any_____ Effective dates_____
(Alphabet letter in lower right corner of card)

_____ _____
Alternate Health Care Provider Policy Number

_____ _____
Family Physician's Name Telephone Number Fax Number

_____
Family Physician's Address

Dr. Swayze, Dr. Murray and Nurse Manager, Mrs. Papp, should be contacted directly regarding any medical or health concerns. Appointments for counseling, dental and medical services can be made through the Health Centre. The cost of these appointments will be paid by the student at the time of appointment. The student and/or the medical staff will contact parents about any significant medical problem. All students wearing contact lens must also have a pair of eyeglasses for emergency use.

What immunizations has your son/daughter received in the past 12 months outside of Ridley College? Please include date(s)._____

_____

Has an ophthalmologist/optometrist tested his/her eyes in the last 12 months? _____

Does he/she wear: dental braces?_____ dental retainer? _____
removable dental bridge?_____ eyeglasses? _____
contact lenses?_____

Does he/she have any new health problems, or new allergies (particularly to medications) of which we should be aware? If so, please

specify:_____

List any prescription and non-prescription medications he/she is expected to continue using at school: _____

_____

EMERGENCY CONTACT IF PARENTS NOT AVAILABLE:

Home: _____

_____ Work: _____ Cell:_____
Name *(relationship to student)* Telephone Numbers

I certify that the information given above is correct and complete in every respect to the best of my knowledge:

_____ _____
Please print your name [ ] mother [ ] father [ ] guardian Signature

_____ _____
Date Witness

Please return this form to Barb Papp, Nurse Manager, Ridley College by August 15th (barb_papp@ridleycollege.com)