



Kingsway College

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www.kingsway.college

Form 3: Student Health Services

Students **MUST HAVE** a valid Health Card with them at all times while attending Kingsway College.

Otherwise a fee of \$50 will be incurred for every doctor's visit.

Student Information

Legal Last Name: _____ Middle Name: _____

Legal First Name: _____ Preferred Name: _____

Gender: Male Female Date of Birth: Month _____ Day _____ Year _____

Grade Applying for: *(circle one)* 9 10 11 12 Residence: *(circle one)* Dorm Community

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Home Phone: _____

Health Benefits Plan

Company: _____

Group Number: _____

Subscriber Name (e.g. parent): _____

Subscriber ID Number: _____

Member Name (e.g. child): _____

Other Information: _____

Contact Information

PARENT/GUARDIAN:

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PHYSICIAN:

Last Name: _____ First Name: _____

Phone: _____ Fax: _____

EMERGENCY CONTACT (Other than Parent, must be same as Form 1): A call will be made to confirm contact

Name: _____ Phone: _____

Brief Health History

Do you have any medical considerations (e.g., depression, anxiety attacks, asthma, diabetes, low iron)?
Please explain.

Do you have any allergies (e.g., medications, animals, food)? Please explain.
(Please ensure that the student has an allergy bracelet if needed.)

Do you take allergy injections or any medication on a routine basis? If so, please list.
(Please note that Kingsway does not supply allergy medications/antihistamines or menstrual medications.
This is the responsibility of the student and must be left with the nurse or dean for dispensing.)

Parent/Guardian Consent

CONSENT FOR MEDICATION:

"I/We, the undersigned, understand the school nurse of Kingsway College or other designated school personnel may administer medication to my child as per their standing orders (for over-the-counter medications, e.g., Tylenol, Benadryl, Advil, or other), as prescribed by another physician. **If my child requires an Epipen for medical needs, one will be provided by me as the parent/guardian for my child's duration at Kingsway College.**

I hereby:

_____ give consent to the above without restrictions."

_____ give consent with the following restrictions:

_____ do not give consent to the above."

CONSENT FOR ROUTINE IMMUNIZATIONS:

Do you wish Kingsway College to see that your student receives the following from a medical clinic...

... routine boosters for delinquent immunizations? (*circle one*)

Yes No

... tuberculin skin test or chest x-ray, if necessary? (*circle one*)

Yes No

CONSENT FOR GENERAL MEDICAL TREATMENT:

"I/We, the undersigned parent(s)/legal guardian(s) of _____ do hereby consent and authorize any officer or member of the Kingsway College staff as my/our agents in the event of an accident or illness/injury involving my child, to secure medical service including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital service which may be rendered at the office of said physician, at a licensed hospital, or at any other place. I/We further agree to indemnify and save harmless Kingsway College for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which might be required prior to the undersigned being notified. This consent gives Kingsway College or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment.

If any medical testing is performed (e.g., lab work), I/we hereby authorize the testing physician to release all medical test results to Kingsway College administration. I/We do also hereby consent to treatment which may be rendered to said minor by the school nurse while functioning in the capacity and limitation of a Registered Nurse exercising his/her best judgment as to the need for such treatment. I/We further authorize Kingsway College to release all pertinent medical histories and physical findings to the physician listed above on this form.

