

## **Kingsway College**

1200 Leland Road, Oshawa, ON L1K 2H4, Canada Tel: 905-433-1144 Fax: 905-433-1156 admissions@kingsway.college www.kingsway.college

### Form 3: Student Health Services

Students <u>MUST HAVE</u> a valid Health Card with them at all times while attending Kingsway College.

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

Student Information					
egal Last Name: Middle Name:					
l 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: Work Phone: \_\_\_\_ Home Phone: Cell Phone: **PHYSICIAN:** First Name: Last 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 personne 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					
routir	ne boosters for delinquent immunizations? (circle one)	Yes	No		
tuber	culin 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.

#### Parent/Guardian Consent Continued

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#### **Important Notes**

MOTHER/GUARDIAN SIGNATURE: X

DATF:

- All costs for doctor visit co-pays, medical fees and prescriptions must be paid by the parent/guardian.
  KINGSWAY COLLEGE REQUIRES ALL DORM STUDENTS TO HAVE \$100 PLACED IN A MEDICAL ACCOUNT
  AT THE BEGINNING OF THE SCHOOL YEAR TO COVER SUCH COSTS. The school nurse will keep the parent
  informed of costs incurred, at which time parents will be required to bring the balance back up to \$100.
  Any remaining funds at the time the student withdraws and/or graduates will be placed as a credit on the
  student's account. The initial \$100 payment is due at registration.
- Should you have any questions or concerns regarding any medical information, please contact the Kingsway College School Nurse at (905) 433-1144 ext. 251. You MUST also notify the School Nurse immediately of any medical problems, prescribed medications, or injuries which arise during the course of any stay at home, especially during any school vacations, so we can keep his/her medical records updated.
   All contact or exposure to contagious diseases of any kind should be reported immediately to the School Nurse, regardless of whether symptoms have appeared.