

The Boundless School Confidential Health Form

The following Health Form must be completed and signed by the student's parent/guardian and the student. **The completed form must be received by our office within 7 days of registration.** The information disclosed in this form is kept confidential and is used to provide a safe and meaningful experience for all students. Please call us if you have any questions regarding medical information and what needs to be disclosed. Boundless recommends, but does not require, that students have a medical exam prior to participating in a Boundless course. Please consider a medical examination if there has been no exam in the past 12 months, if there are any doubts about the student's ability to fully participate in the Boundless program, or if the student has been recently hospitalized or treated for/exposed to a communicable disease. **It is crucial that Boundless receives, in writing, any changes in a student's health status (the student becomes ill, an injury, a change in medication, etc.) after this Health Form has been submitted.** Boundless reserves the right to refuse a student enrollment in the program based on health or social-emotional status. In addition, failure to disclose physical or mental health/behavioural diagnosis on this Health Form may seriously compromise our ability to best serve your child, and may be grounds for expulsion, at the sole discretion of Boundless.

SECTION 1 - STUDENT INFORMATION

Last Name		First Name		Date of Birth: YY/MM/DD		Age on course start date:	
Address			City		Postal Code		
Height:		Weight:		Gender: M F Other:		Home Phone:	
Can the student effectively communicate in English? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Students' families are responsible for any medical expenses incurred during the course, including medical evacuation. All students must be covered by their own medical insurance.							
Does the student have provincial medical coverage? Yes No							
If the student does not have provincial medical coverage, please indicate the private or alternate medical insurance information on a separate piece of paper and attach along with a photocopy of the policy information.							
Provincial Health Card Number (Include letters):				Serial number (on back):			
Does the student have an up to date tetanus immunization? (Within 10 years of course end date): Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please provide the date they were last immunized: DD/MM/YYYY							
Student's Family Doctor:				Family Doctor's Phone Number:			

SECTION 2 - EMERGENCY CONTACT INFORMATION

<u>Parent/Guardian #1</u> Name: Home Phone: Business Phone: Cell Phone: Email:	<u>Parent/Guardian #2 (optional)</u> Name: Home Phone: Business Phone: Cell Phone: Email:
Emergency Contact Person (please provide at least one alternate emergency contact) This person will be contacted in the event that a parent/guardian cannot be reached. Name: Relationship to Student: Home Phone:	
Business Phone: Cell Phone:	

SECTION 3 – MEDICATIONS

List all prescription (includes asthma inhalers) and non-prescription medications that the student will be bringing to Boundless

Any medications brought to Boundless by students must be in the original container(s) and clearly indicate the name of the medication, the dosage, the route of administration, the frequency with which the medication should be administered and the prescribing doctor's name and phone number. Medications brought to Boundless will be held in a secure location and made available to students as needed.

Name of Medication	Condition Being Treated	Dosage Amount	Mg/tablet	Schedule of Administration
Example	Name or Describe Condition	400mg (2 tablets)	200mg	0800, 1600, 2100

Use the space below to list any medications that the student takes during the school year that will not be taken at Boundless:

Student's Name:
SECTION 4 – ALLERGIES
Allergic reactions represent a serious hazard, especially in a wilderness environment. Please note that The Boundless School is not a nut free program and we cannot guarantee that any meal is free from nuts, seeds, legumes, seafood or any other foods.
Is the student allergic/sensitive to any of the following?
a) Medications Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please list: _____
b) Foods Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please list: _____
c) Insect bites/stings Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please list: _____
d) Other (environmental, animals etc.), please list: _____
e) Do you carry an epi-pen or other epinephrine injector? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate the nature and severity of all allergies, usual treatment methods and any other information about the students' allergies in the space below.
SECTION 5 – MEDICAL HISTORY/CONDITIONS
If the student has any medical or mental health conditions, please describe them below.
Does the student have Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes do you use medication to control your asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> How severe is their Asthma? _____ What Triggers their Asthma? _____ How often do they have an asthma attack? _____ What helps to manage their asthma attacks? _____
Please list any asthma medications in section 3
Has the student had any recent injury, illness or infectious disease? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes when? Please describe.
Has the student had any surgeries? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes when? Please describe.
Does the student have any problems with hearing or vision (wear glasses/contacts)? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please describe.
Does the student suffer from chronic skin problems (rashes, sun sensitivity, eczema etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe.
Does the student have a seizure disorder? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe the condition below and list any medications in section 3.
Does the student have any problems with her/his back, neck, arms, shoulders, ankles or knees that limits his/her activities? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe.
Does the student have diabetes, hypoglycemia, thyroid trouble or other endocrine conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe.
Has the student ever had a brain injury requiring treatment (i.e. concussions)? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe (give date and severity).
Does the student suffer from severe headaches, dizziness or fainting? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please describe.
Does the student require a special diet (vegetarian, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please describe what he/she cannot eat etc.
Does the student's health prevent them from participating in any physical activities? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes what, when, why?

Student's Name:

SECTION 5 – MEDICAL HISTORY/CONDITIONS *continued*

Please answer the following questions by checking the appropriate box 'yes' or 'no'. In the space provided below, please describe the details for any question that you answer 'yes'.

- | | |
|--|--|
| 1. Has the student had, or does the student have, a substance abuse problem? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does the student experience motion sickness? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has the student had, or does the student have, any eating disorders (anorexia, bulimia)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Does the student ever sleepwalk? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the student ever had ulcers, or other significant stomach/intestinal problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the student have a history of high blood pressure or hypertension? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Does the student have a history of cardiovascular disease or conditions (valve disorder, heart murmur, angina)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Has the student had hepatitis? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Does the student have chronic bladder infections, difficulty with urination, or other bladder/kidney problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Has the student had frostbite, a significant reaction to cold temperatures or other circulatory problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Has the student suffered from heat exhaustion or had other significant reactions to warm temperatures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Does the student have any communicable diseases? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Does the student have any social, emotional or behavioural issues? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Does the student have any other physical or mental health issues? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. Has the student been diagnosed with an autism spectrum condition (including Asperger's or Non-Verbal Learning Disorder)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. Does the student have learning difficulties/disabilities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17. Is the student pregnant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18. Does the student have any premenstrual or menstrual problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19. <u>Tobacco products</u> : Does the student use tobacco/e-cigarette/vaping products? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20. <u>Tobacco products</u> : Does the student have permission to use tobacco/e-cigarettes/ nicotine vapes while at Boundless? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please indicate the question number and use the space below to describe the details for any "yes" answers above.

SECTION 6 – HOW ARE YOU FEELING?

Please mark the statements that best describe your (the student's) feelings toward attending The Boundless School. (mark all that apply)

- | | | | |
|----------------------------------|--|---|--|
| Excited <input type="checkbox"/> | Can't wait! <input type="checkbox"/> | Would rather eat brussel sprouts <input type="checkbox"/> | It will be different from anything I have done before <input type="checkbox"/> |
| Nervous <input type="checkbox"/> | Sounds like fun <input type="checkbox"/> | Apprehensive <input type="checkbox"/> | Resistant <input type="checkbox"/> |

SECTION 7 - SWIMMING ABILITY

At Boundless students participate in various water-based activities such as swimming in calm and moving water, flatwater and whitewater canoeing and whitewater rafting. Boundless staff will further assess students' swimming abilities. Personal Flotation Devices are mandatory in most situations and are available during all water based activities. Please assess your (the student's) swimming ability:

Non-Swimmer ☐ Weak Swimmer ☐ Can swim 100m without a Lifejacket or Flotation Device ☐

Non-swimmers: Are you comfortable (i.e. will not panic) in deep water while wearing a Lifejacket or Flotation Device? Yes No

SECTION 8 – SIGNATURES

Students will be expelled from the program for the following reasons:

- Any uninvited or unwanted physical or sexual advances
- Any form of assault
- Uttering violent, sexual or discriminatory comments; or voicing and acting out any threat
- Engaging in any form of sexual intimacy
- Bullying or intimidating other students or alienating other group members
- Being in possession of, or under the influence of alcohol or illicit drugs (includes cannabis products)
- Theft of school equipment or belongings of other students and staff
- Wilful destruction of school property or that of other students and staff
- Arriving with a physical or mental health issue which compromises the student's ability to participate safely and fully in the Boundless program or to participate effectively in group process.
- A consistent lack of punctuality or other behavior which compromises the group cohesiveness and their instructional time
- A persistent refusal to participate or to engage in chores and other group responsibilities
- A wilful disregard for safety protocols
- A wilful disregard of established boundaries (wandering outside of supervised areas)
- Any unauthorized use of mobile phones or electronic communication

I/we confirm an understanding that in the event of an expulsion, parents/guardians may incur fees for transporting the student home. Should Boundless choose, at its sole discretion, to expel a student under any of the circumstances described above or in the Welcome Letter, or if the student chooses to leave the program, there shall be no refund and any funds paid to The Boundless School shall be forfeited.

Student's Name: _____ **Student's Signature:** _____ **Date:** _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____ **Date:** _____

I/we confirm that I have completed the preceding medical and swimming questionnaire; I/we confirm that the information provided is a complete and accurate statement of the physical, social, and psychological factors that may affect my (the student's) participation in The Boundless School program. I realize that failure to disclose any such information could result in serious harm to myself (the student) and other participants and agree to indemnify and hold Boundless harmless if all relevant information is not disclosed. I also acknowledge that failure to disclose any physical, social, or psychological factors that may affect the student's participation in The Boundless School program gives The Boundless School the right to dismiss the student without refund.

Student's Name: _____ **Student's Signature:** _____ **Date:** _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____ **Date:** _____

I/we am/are aware that photographs and videos may be taken of myself (the student) and other participants. I/we consent to have this material used by The Boundless School in perpetuity; to be presented in newsletters, websites, and other promotional materials and/or public relations events (and in any media chosen by Boundless).

Student's Name: _____ **Student's Signature:** _____ **Date:** _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____ **Date:** _____

The Boundless School clothing and equipment lists detail the appropriate clothing required for participation in an intensive experiential education program. Certain items on the lists are crucial for our students' comfort and safety and thus are required (please see the list of required items in the policies and procedures section of The Boundless School Welcome Letter). I/we commit to arrive at The Boundless School with all of the crucial clothing and equipment listed on the The Boundless School Clothing and Equipment List. If I (the student) do(es) not arrive with said clothing and equipment, I hereby give permission to The Boundless School to provide me (the student) with the appropriate equipment at my/our expense.

Student's Name: _____ **Student's Signature:** _____ **Date:** _____

Name of Parent/Guardian (if student is under 18): _____

Signature of Parent/Guardian (if student is under 18): _____ **Date:** _____

PLEASE ENSURE THAT ALL SECTIONS ON ALL 4 PAGES OF THIS FORM ARE COMPLETE AND THAT THE STUDENT'S NAME IS PRINTED AT THE TOP OF EACH PAGE