



Additional Confidential Health and Student Information Form

The following form is meant to gather further student information that isn't included in the KPR standardized permission forms. The information disclosed in this form will be kept confidential and is used to provide a safe, healthy, and positive learning experience for all students enrolled in the OE program. If you have any questions or concerns regarding the additional information requested on this form, please feel free to contact the OE staff directly. **Please Print Neatly!**

Student Name: _____

Parent's Signature: _____

SECTION A – ACTIVITY EXPERIENCE

(Ranked 1- 4 from less ability/experience to more)

Swimming Ability: ☐ (1) Non-swimmer ☐ (2) Afraid of water
 ☐ (3) Weak swimmer ☐ (4) Strong swimmer

*** Please note: Regardless of the swimming ability indicated above, all students must attend a **mandatory** OE swim test (in April) to qualify for canoe/on-water trip(s). The swim test consists of the following: 100 m swim (any stroke) and 5 minutes of treading water while fully clothed. This will all be performed while wearing a properly fitted PFD that will be supplied by the school.

Canoeing Ability: ☐ (1) Never tried ☐ (2) Been a few times
 ☐ (3) Have been canoeing a lot!
 ☐ (4) Have official canoe training and/or certification

Camping Skills: ☐ (1) Are you serious? I must sleep in a tent?
 ☐ (2) Been a few times
 ☐ (3) Great! When do we go?
 ☐ (4) I'd spend my entire summer in a tent if I could

SECTION B – LEARNING and STUDENT SUCCESS NEEDS

(Please attach additional notes/pages if required)

- Please use this space to **briefly** share with us how your child likes to learn AND/OR anything that seems to hinder their learning and/or their interest in school.

- Does your child have an **identified learning disability or exceptionality**?

- ☐ Yes ☐ No

- Please **briefly** describe below and the modifications that have normally been provided to your child in previous school years.

- Does your child have an IEP? ☐ Yes ☐ No

- If yes, we will print off a copy and keep it with our notes/files.

- Does/has your child have/had **any mental health or behavioural issues/conditions**?

☐ Yes ☐ No

- If yes, please explain and how they have been successfully supported by family, school, and peers.

SECTION C – DIETARY INFORMATION

- Please list any specific food allergies, intolerances, restrictions, etc. that we should be aware of. (Please refer to Section F for further allergy information)

- Any other food related issues/concerns we should be aware of:

SECTION D – MEDICAL CONDITIONS and MEDICAL HISTORY

If answering YES to any of the following questions, please describe below.

- Has your child had any **recent injury, illness, surgery, or infectious disease(s)** within the past year (or longer if relevant)?

- Has your child ever suffered from a **head injury** requiring treatment (ie.,concussion)?
Please include date(s) of occurrence and any prolonged effects.

- Does your child wear **glasses and/or contact lenses**? ☐Glasses ☐Contacts

- Does your child have any **problems with their hearing**? ☐ Yes ☐ No
 - If yes, please **briefly** describe the hearing issue(s) below.

- Does your child have any **problems with his/her back, neck, legs, arms, bones, or joints** that would limit his/her participation in the OE program?

SECTION E – ASTHMA

- Does your child have any **history of asthma**? ☐ Yes ☐ No
 - If yes, please answer the additional questions below.
 - Does your child currently require the use of a puffer? ☐ Yes ☐ No
 - If yes, what are their triggers?
- Which from of puffers do they use?
 - ☐ Blue-Ventolin ☐ Orange-Steroid
- How often do they use their puffers?
 - ☐ Rarely ☐ Sometimes ☐ Often

SECTION F – ALLERGIES

Allergies and allergic reactions (including anaphylactic reactions) are becoming more common and prevalent in our communities and schools, representing a potentially serious risk/hazard in the wilderness environment. Although all KPR schools are a considered 'nut free', we cannot guarantee that our areas of travel are 'nut free' or 'free' from other common food or environmental allergens.

Does your child have or have had any allergies, reactions, or sensitivities to any of the following AND have any of these been identified as life-threatening:

- Food Allergy ☐ Yes ☐ Life Threatening ☐ No _____

- Inhaled Allergy ☐ Yes ☐ Life Threatening ☐ No _____

- Bee/Wasp Stings ☐ Yes ☐ Life Threatening ☐ No _____

- Drug Allergy ☐ Yes ☐ Life Threatening ☐ No _____

- Other ☐ Yes ☐ Life Threatening ☐ No _____

- Does your child carry an Epi-pen? ☐ Yes ☐ No
- Has your child ever used their Epi-pen before? ☐ Yes ☐ No
- Has your child ever been hospitalized for an allergic reaction? ☐ Yes ☐ No

**** If your child suffers from anaphylactic reactions, they will be required to bring at least 2 epinephrine injectors with them ****

Please use the space below to **describe the nature and severity of any allergies or sensitivities**, treatment used and any other pertinent information. **Please also include the date(s) of last reaction(s) and the severity of the reaction.** Feel free to attach additional information if more space is required.