

Palliser Regional Schools Volunteer Medical Information

HEALTH INFORMATION: Teacher/Coach/Leader in Charge will have a photocopy of this information during the off-site Activity(ies) to address health and medical needs including emergencies and may share this information with others as deemed necessary.

MUST BE COMPLETED

Volunteer Name:		AHC#	(Required if trip is outside Alberta)
Birth Date:	Allergie	S:	
Health/Medical Condition taken in event of emerge		otoms) indicating an emergency re adition:	sponse is required and steps
Medications Taken (Nam	ne, Reason, Dosage)		
List Triggers that could a	ctivate medical condit	ion	
Medical Treatment Restr	ictions (if any) e.g. Blo	ood Transfusions	
Dietary Restrictions (If Ar	ny):		
Other Concerns:			
Emergency Contacts: 1)			
Phone	(Home)	(Work)	(Cell)
2)			
Phone	(Home)	(Work)	(Cell)
I understand and consen	t to the above as desc	cribed herein:	
Date:	Name:	Signature	:

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the Education Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your school principal or the Secretary Treasurer at 403-328-4111.