Personal Information Disclosure - must be completed

Student's First Name:

Student's Last Name:

Section One: Allergies

Does the applicant have any allergies?

☐ No - please proceed to next section ☐ Yes - please explain:

If yes, what is the reaction if exposed to the allergen?

What is the treatment if exposed to the allergen?

Is this a life-threatening allergy? ☐ No ☐ Yes

Section Two: Physical and Mental Wellness

Does the applicant have any of the following: ☐ Diabetes ☐ Epilepsy ☐ Asthma ☐ No

Does the applicant have any other physical health concerns?

☐ No ☐ Yes - please explain:

Has the applicant been diagnosed with any of the following:

☐ Depression ☐ ADHD ☐ Disordered Eating ☐ Autism ☐ Learning Disorder ☐ Anxiety ☐ Other ☐ No

If other, please explain:

Does the applicant have any other previous or ongoing social, emotional, or behavioral challenges?

☐ No ☐ Yes - please explain:

Section Three: Medications

Is the applicant currently taking any medications?

☐ No - please proceed to next section

☐ Yes- please provide names of medications and dosages:

Does the medication have any special storage requirements (i.e. - refrigeration)?

☐ No ☐ Yes - please explain:

Is applicant able to take the medications on their own?

☐ No ☐ Yes

Will the applicant need to get more medication while in Canada?

☐ No ☐ Yes

Section Four: Learning History

Has the applicant had past challenges attending school due to physical or mental wellness concerns?

☐ No ☐ Yes - please explain:

Select the type of school program the applicant is currently enrolled:

- ☐ In-person - applicant attends school at a physical location)
- ☐ Hybrid - applicant attends a mix of in-person and online classes)
- ☐ Online - applicant attends online classes only
- ☐ Applicant does not currently attend school

☐ As the applicants parent/guardian, I certify that the information provided in this form is accurate and truthful to the best of my knowledge.