

Student Medical Information

This information is gathered in the case of an emergency. Your supervisor may require a copy with them while you are travelling, and a copy will be kept sealed at your faculty/school office. Only include information that you are comfortable with sharing. Note: students will not be denied the opportunity for travel based on disclosure of a health condition unless travelling poses significant health risks. In this event, please contact Health and Wellness as they can provide advisory support on how to proceed.

Personal Information		
Last Name	First Name	Email
Phone #	Address	Program
Instructor/Professor's Name	Instructor/Professor's Phone #	Instructor/Professors 'Email
Health Care Card #	Doctor's Name	Doctor's Phone #
Emergency Contact Information		
Last Name	First Name	Email
Phone (home)	Phone (cell)	
Medical History		
Any allergies and/or conditions you may have that could increase your risks while travelling?		
Current Medications (include anti-malarial)		
Medication	Dose	Frequency
Travel plans if different from the group plan		
Departing Kelowna to:	Date:	Flight #:
Departing Canada to:	Date:	Flight #:
Arriving at Group Destination	Date:	Flight #:
Departing Group Destination	Date:	Flight #:
Arrival in Canada	Date:	Flight #:
Returning to Kelowna from:		
Provide any other information that may be needed to help you in case of an emergency. Specific instructions may be included here, such as "Administer Epinephrine immediately..."		