



Nova Scotia International Student Program

A consortium project of the Annapolis Valley Regional Centre for Education, Cape Breton-Victoria Regional Centre for Education, Chignecto-Central Regional Centre for Education, Conseil scolaire acadien provincial, Halifax Regional Centre for Education, South Shore Regional Centre for Education, Strait Regional Centre for Education, and Tri-County Regional Centre for Education in partnership with the Nova Scotia Department of Education and Early Childhood Development.

Supplemental Medical Information

Student Name: _____

It is the responsibility of the natural parents to educate program staff and the host family on the proper care of their child who has a pre-existing medical condition. Natural families are encouraged to establish a relationship with the host family caring for their child.

We require the following information be completed to help establish a history of the medical condition in order to be equipped to help the student maintain good health. **PLEASE NOTE: Medavie Blue Cross does not cover the cost associated with pre-existing medical conditions. Failure to provide accurate information will result in the student being removed from the NSISP.**

1. What is the full name of the medical condition? _____

2. When was the medical condition diagnosed? _____

3. Please outline the symptoms and relevant medical history leading to this diagnosis?

4. Describe your child's current medical condition with consideration of any factors it may be necessary for others to know?

5. Has your child been admitted to the hospital or a medical institution in the past 2 years? Yes No

If yes, please explain: _____

6. Is your child fully capable of managing this medical condition themselves, including administering medication? Yes No

If no, please explain: _____

7. Will your child require any scheduled medical appointments/procedures while in Nova Scotia? Yes No

If yes, please explain: _____

8. Outline any relevant limitations that have affected your child in the past at home, when socializing, and at school.

9. Is your child currently taking any medications? Yes No

If yes, please indicate the drug and the dosage prescribed: _____

10. Is there is a risk of overdose or if another person ingests the medicine? (ie: other children in the homestay?) Yes No



11. How does this medical condition affect your child's homestay experience? What factors should be considered when selecting a homestay?

12. How does this medical condition affect your child's school experience? What factors should the school be informed about when receiving your child?

13. Do you have any additional information you wish to share? Yes No

If yes, please explain: _____

- Please provide copies of prescriptions (in English)
- Please provide a doctor's report outlining the medical condition and treatment (in English)
- In addition to the full contact of both parents (where applicable) on the application form please provide two additional emergency contacts who speak English who could be contacted in case of an emergency involving your child.

Name: _____

Relationship: _____

Contact info: (home phone) _____ (mobile phone) _____

Name: _____

Relationship: _____

Contact info: (home phone) _____ (mobile phone) _____

I, _____ the parent/guardian of _____ have
Parent/Guardian Name Student Name

read and understand Medavie Blue Cross Information Sheet and acknowledge the Medavie Blue Cross insurance does not cover the pre-existing conditions.

Signature of Parent/Legal Guardian

Date

Signature of Agent

Date