

Welcome!

We are very excited that your child is joining our NCC family and we want you to know that all of us involved with the NCC Health Centre are here to support your child at any time. The Health Centre is run by a team of healthcare professionals including a Nurse Practitioner, Registered Nurse, counsellors, and office administration. This health initiative will provide students with access to more immediate health care as the need arises. In the case of an emergency, students will be sent to the closest Emergency Department at our local hospital.

The Health Centre recognizes and encourages that local students are followed by their own Primary Care Provider, however, providing this information allows Health Centre staff to provide informed first aid and over-the-counter medication in combination with reaching out to you should the need arise.

Please note that over-the-counter medications, prescription medications and all herbal medicines are **not allowed** in student's rooms. All medication will be kept in the Health Centre. Exceptions to this are asthma inhalers and EpiPens.

It is mandatory that you provide us with the following health information which will allow us to provide the best possible care for your children.

COMPULSORY HEALTH FORMS TO BE PROVIDED TO NCC	
	Medical History Profile & COVID-19 Questionnaire <i>To be completed EVERY year</i>
	Medication Treatment Plan Consent <i>To be completed EVERY year</i>
	Immunization History <i>To be completed on 1st year of enrollment</i>

HOW TO SUBMIT (3 OPTIONS)

- Scan and email forms to healthcenter@niagaracc.com
- Mail or courier forms to NCC prior to August 15, 2022.
- Send forms via fax to: **(country code)-1-905-871-9260**



MENTAL HEALTH

Has your student...	Expressed depression symptoms?	Y	N	Displayed anxiety symptoms? (worrying/nervousness)	Y	N
	Been treated for a mental illness?	Y	N	Taken medications for mental illness?	Y	N
	Had suicidal/homicidal ideation?	Y	N	Had self-harm behaviour (eg. cutting)?	Y	N
	Had a previous suicidal attempt?	Y	N	Struggled with eating/weight challenges?	Y	N

FAMILY HISTORY

	Age	State of Health	Occupation	Age of Death	Cause of Death	Have any of your relatives ever had any of the following?	Y	N	Relationship
Father						Tuberculosis			
Mother						Diabetes			
Brother(s)						Kidney Disease			
						Arthritis			
						Stomach Disease			
Sister(s)						Asthma, Hay Fever			
						Epilepsy Convulsions			

Please provide any additional health information on a separate page

COVID-19 QUESTIONNAIRE

- Has the student had COVID-19 infection(s)? **Yes** **No**
If so, when? (month/year) _____
- Is your student aware of their previous infection? **Yes** **No**
- Has your student experienced any residual health effects from a previous COVID-19 infection? **Yes** **No** **N/A**
If so, please describe: _____
- Has your student received an approved COVID-19 vaccine? **Yes** **No**
If yes, which one and when?

1st (Date): _____ **Vaccine Name:** _____

2nd (Date): _____ **Vaccine Name:** _____

3rd (Date): _____ **Vaccine Name:** _____

Please note: Any information provided allows staff to make informed decisions while following provincial guidelines in order to keep our campus healthy with minimal disruption to students and staff.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Non-Prescription (Over The Counter) Medication Consent

I give permission to the NCC Health Center Nursing Staff and to Dorm Staff to administer non-prescription over the counter medications to my child for minor ailments and complaints (such as minor allergies, minor pain, coughs, colds and fevers) according to guidelines approved by the Nurse Practitioner.

_____ Guardian Signature _____ Date

Student Agreement For All Medications: Prescribed and Non-Prescribed

1. I understand that I am responsible for taking medications as directed.
2. I will provide all medications to the NCC Health Center Staff
3. I agree to contact an adult on campus if I don't feel well or if I have a question about my medication.
4. I agree never to share my medication with anyone.
5. I agree NOT to keep medications in my dorm room or on my person unless authorized to do so by the NCC Health Center.
6. I understand that not following these guidelines may result in Disciplinary Action.

_____ Parent Signature _____ Date

_____ Student Signature _____ Date

It is the responsibility of the Physician/Parent/Guardian to advise the NCC Health Center of any changes to the medications or medication treatment plan. The NCC Health Clinic will not deviate from the original medication treatment plan without this consent.

If you have any questions or concerns, please contact Carmel Van Brussel, Office Manager, NCC Health Center.

Sincerely,

Carmel Van Brussel

Office Manager

MEDICATIONS

Please note that over-the-counter medications, prescription medications, and all herbal medicines are **NOT ALLOWED** in student's rooms without Health Centre approval. All medication will be kept in the Health Centre and dispensed as required. Exceptions to this are asthma inhalers and EpiPens.
Failure to comply will result in disciplinary action.

Name: _____

Date-of-birth: _____

Gender: _____

Immunization	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
	2 months	4 months	6 months	18 months	4 – 6 years	14 – 16 years
DPT Diphtheria-Pertussis-Tetanus (2, 4, 6, 18 months, 4-6, 14-16 years)	/ /	/ /	/ /	/ /	/ /	/ /
	2 months	4 months	6 months	18 months	4 – 6 years	
Polio (OPV) (2, 4, 6, 18 months, 4-6 years)	/ /	/ /	/ /	/ /	/ /	
	12 months	4-6 years				
MMR Measles-Mumps-Rubella (1 year, 4-6 years)	/ /	/ /				
	12-13 years					
Hepatitis B (Grade 7)	/ /					
	12 months	12-13 years				
Meningococcal (1 year, Grade 7)	/ /	/ /				
	15 months	4-6 years				
Varicella Chickenpox (15 months, 4-6 years)	/ /	/ /				
	Dose 1	Dose 2	Dose 3			
COVID-19 Vaccine (recommended)	/ /	/ /	/ /			
	Brand:	Brand:	Brand:			

The above vaccines are mandatory for students in Ontario schools (COVID-19 vaccine recommended).
If any of these vaccines are missing from your child's record please have your primary care provider update them.