

Hello, Year 49 Parents/Guardians and Students!

The Campus Health Centre receives many questions about how healthcare works in Canada and about medical things on campus, so I wanted to go over a few facts for everyone.

Immunization are mandatory at Pearson. There is a list of all necessary vaccinations in the medical form but students are required to have all the routine childhood immunization. Students must also have had a tetanus booster within the last eight years. Students are also required to have two doses of a WHO approved COVID-19 vaccine. There are no exceptions to this rule as it is a provincial requirement and an important way we keep our community safe.

In the cafeteria on campus we offer vegetarian, vegan and regular meals. We also offer Halal meat two or three times a week, and vegetarian meals the rest of the week for these students. We can also accommodate other dietary needs such a gluten-free meals, but only with a diagnosed medical condition.

First year students are on emergency medical insurance for the first three months at Pearson, as there is a provincial government mandated waiting period for health insurance. This insurance covers **emergency** items and services but does not cover any pre-existing conditions. So, if your student needs to see a doctor about something that has been going on since before they came to Pearson, the doctor's appointment will not be paid for. This also applies if they need blood work for a routine monitoring matter, such as checking their iron levels. Once students are on the public BC medical plan (Medical Services Plan or MSP), in their fourth month at Pearson, all doctor's visits are paid for.

The BC medical plan does not cover additional health practitioner services like the dentist, chiropractor, physiotherapist or optometrist. It also does not cover prescription or other medications. Your student will have to pay for all these things directly (unless your student is on full medical financial aid).

If your student needs medication, we will order this from a pharmacy in a nearby community. Sometimes the student and a school driver can stop and get this medication right after their doctor's appointment, but this is not always possible. If we have to order the medication from the pharmacy and pick it up later, the medication will take at least 48 hours to arrive on campus.

On campus we have clinical counselors, a mindfulness practitioner, an eating disorder consultant, and a doctor who specializes in mental and sexual health as part of the campus wellness team. These practitioners usually book appointments about two weeks in advance. There is no charge to see these professionals and there is no specific limit on the number of visits. However, if your student requires significant ongoing support, such as ongoing counseling, we may ask you to pay for some appointments as we only have limited appointments and this resource needs to be shared by everyone. We will talk to you about this before we ask you to pay. We are also happy to facilitate online or phone visits with student's existing doctors or counselors as we really encourage the continuity of care this promotes.

If your student has any mental health challenges, such as depression, anxiety or an eating disorder, we strongly recommend starting treatment, such as counseling and medication, before coming to Pearson. Treatment can take two to six months to really start making a difference and it is our experience that students who start treatment while at Pearson find it extremely challenging to stay up to date with their studies and exams. Therefore, it is much better for students to have started this before arriving at Pearson. We are also happy to continue the care and treatment plan that has been started at home.

Right now, there is a shortage of doctors in Victoria and most doctors are still seeing people by phone or secure video link (telehealth). So, if your student needs to see a doctor for anything other than sexual health and mental health, they will likely have a telehealth appointment with a doctor first, then they may go and see the doctor in person later.

If your student has to go to a hospital emergency department, we will let you know as quickly as we can and we will keep you updated once we know how they are doing. We will usually have a houseparent or a school driver drop them off and pick them up when they are finished and depending on the severity of the injury we may ask a friend or their houseparent to stay with them.

In Canada, young people are considered mature minors and in British Columbia are able to give their own consent for health care under the [BC Infants Act](#). This applies to all types of health care, emergency situations, medications, and procedures such as vaccinations. The health care practitioner needs to be sure that the young person understands the need for the treatment, the risks and the benefits. Here is a link specific to vaccination, but it describes the act quite well: <https://www.healthlinkbc.ca/healthlinkbc-files/infants-act-mature-minor-consent-and-immunization>

Additionally, health practitioners are legally bound to keep all young people's medical information confidential. Therefore, we cannot legally tell parents about medications and procedures that their student may undergo while in Canada without the student's consent. We strongly encourage students to talk to their parents about what is going on with their health but we can not compel them to tell their parents if they don't want to. As a school we will always tell parents if your student has a life-threatening medical concern, but legally we are unable to routinely tell parents other medical information without the student's consent.

PEARSON COLLEGE



Please let me know if you have any questions or concerns. I also encourage parents to review our [campus health and wellness website](https://sites.google.com/pearsoncollege.ca/healthwellness/home), which contains lots of good information! Here is the link:
<https://sites.google.com/pearsoncollege.ca/healthwellness/home>

Sincerely,

Morgan



Morgan Yates, MN, RN

Director of Health Services

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Located on the unceded territory of the Sc'iaNew (Beecher Bay) First Nation

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TO BE COMPLETED BY THE STUDENT

This form must be returned to Pearson by May 31, 2022

Student's full name _____

Preferred pronouns _____

This form is for College purposes only and will not be submitted to any other agency or organization. The information provided will be held in confidence as part of your health record at the College Health Centre.

I _____ (the "Student"), consent to Lester B. Pearson College of the Pacific using or disclosing my medical information when necessary for my medical treatment, or to enable Pearson College, or its employees to make reasonable and informed decisions regarding my participation or supervision in programs offered by Pearson College.

I hereby authorize the Head of College or College Nurse or a delegate to act on my behalf in arranging necessary medical intervention by qualified medical practitioners in the event of injury or illness.

I understand that students are considered adults under Canadian Law and as such I am able to consent to all medical decisions on my own, without my parents being consulted. I also understand that it is also against the law for medical professionals to disclose my medical information without my specific consent.

I understand that students are responsible for all expenses not covered by medical plans, such as dental and optical services, and all prescription and non-prescription medications.

It is essential for your well-being that full and accurate information is shared with the school in order to prepare for your medical care. Failure to disclose relevant information may result in Pearson not being able to support your medical needs and you being sent home. I hereby declare that I have completed the medical report and believe that it discloses all necessary information about my health.

Student's Full Name

Student's Signature

Date

MEDICAL CONDITIONS

Do you currently have any of the following medication conditions?

Medical Condition	YES	NO
Respiratory problems including asthma		
Cardiac disease including heart murmur, hypertension and congenital defects		
Gastrointestinal conditions including crohn's, IBS, and celiac's disease		
Musculoskeletal issues including arthritis		
Neurological issues including seizures, migraines and fainting		
Head injuries including concussions		
Endocrine issues including diabetes and thyroid issues		
Menstrual issues including heavy periods, and uterine cysts		
Eye, ear or nose concerns including chronic nose bleeds or hearing or vision loss		
Climate issues such as heat stroke or issues related to humidity or altitude		
Chronic skin conditions including acne, and psoriasis		

Please provide details of all the medical conditions indicated above:

What is the condition and when was it diagnosed? Please provide diagnosis and approximate date.

What are the signs and symptoms of the condition?

Are you undergoing any treatment or taking any medication for the condition (if yes, what is the dose and frequency)?

MENTAL AND EMOTIONAL HEALTH

In the last five years, have you had any of the following conditions?

Health Condition	YES	NO
History of drug or alcohol abuse		
Eating disorder		
Depression		
Anxiety		
Bipolar		
Schizophrenia		
Asperger's syndrome		
Attention deficit disorder or attention deficit hyperactive disorder		

Suicidal thought or plan		
Self-harm or cutting		

Please provide details of all the conditions indicated above:

What is the condition and when were you diagnosed? Please provide diagnosis and approximate date. If the condition has not been diagnosed, but is suspected, please provide information about why this condition is suspected.

Are you undergoing any treatment or taking any medication for the condition (if yes, what is the dose and frequency)?

Have you taken any medication for anxiety or depression in the last five years? If yes, please indicate medication and when you took this.

MEDICATIONS

Are you taking any medication **not listed above** (if yes, what is the name of the medication, the dose and the frequency)?

LIFESTYLE CHOICES

Do you:

	YES	NO	HOW OFTEN
Drink alcohol?			
Smoke cigarettes?			
Use cannabis?			
Use any other drugs? Which ones?			

ALLERGIES

Do you have any allergies? If yes, please list:

ALLERGY	TREATMENT	SEVERITY (mild, moderate or severe)

FOOD PREFERENCES

Do you follow any special diet?

	YES	NO
Vegetarian		
Vegan		
Halal		
Other, please specify:		

** Please note: **

- Halal meat is only available two to three times a week, vegetarian meals will be provided the rest of the time.
- Diets other than vegetarian and vegan can only be accommodated if they are related to a diagnosed medical condition

PEARSON COLLEGE



OTHER

Is there anything else you would like the Pearson Wellness Team to know about you or your health?

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