

STUDENT MEDICAL INFORMATION

CONFIDENTIAL STUDENT INFORMATION (Please print)

Legal Family Name:		Legal First Name:		Legal Middle Name(s):	
Usual Family Name:		Usual First Name:		Usual Middle Name(s):	
Street Address:				City:	
Mailing address if different from above:				Postal Code:	
Home phone:		Birth date:		Grade:	Gender:
Parent/Guardian:				Relationship:	
Place of Employment:				Work number:	Cell number:
Parent/Guardian:				Relationship:	
Place of Employment:				Work hone:	Cell phone:
PERSONS TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS/GUARDIANS):					
1.		Relationship:		Phone:	
2.		Relationship:		Phone:	
MEDICAL INFORMATION					
Student BC CARECARD No.:					
Doctor:				Phone:	
Dentist:				Phone:	
Does this child have any of the following? Please check all applicable conditions.					
Asthma:		Diabetes:		Epilepsy:	
Allergies: (Indicate mild or severe) List:		Heart condition:		Anaphylaxis:	
Other medical conditions:					
Explain briefly about the above conditions or attach information:					
Are your child's immunizations up-to-date? _____ YES _____ NO					
If no, list vaccinations your child has not received:					
Is your child able to participate in a full physical education program? _____ YES _____ NO					
If "No", an exemption note from your family physician will be required as physical education is a compulsory subject. If conditions change during the year please inform the school.					
Signature of Parent/Guardian:				Date:	