

**STUDENT MEDICAL INFORMATION**

First Name:	Surname:	Gender:	D.O.B. (MM / DD / YYYY)
Health Card #:	Student's Physician:	Phone Number:	

**MEDICAL HISTORY**

Does your child have any physical medical conditions that we should be aware of?

Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dust, etc):

Briefly explain your child's reaction to any of these allergies.

What counter measures need to be taken if a reaction occurs?

Is your child on a restrictive diet? If so, what?

Does your child have asthma?  
If **yes**, is it severe?

Is your child receiving any medication on a continuous basis?

[If so, please list names and reasons for medication]

My child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, dyslexia)? [If so, please indicate what and how it is treated]

**Please provide the school with a copy of an updated immunization record.**

**MEDICAL EMERGENCIES**

- If a student becomes ill while at school, parents must pick up the child or arrange for transportation.
- In the event there is an emergency involving my child and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant MAC Maple Grove School or any member of its staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member, as you deem appropriate at the time. I understand and agree that any expenses incurred under the above circumstances, will be the responsibility of the child's family.
- If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer routine prescribed medication when a written permission is submitted to the school by the parent.

Parent/Guardian Signature \_\_\_\_\_

Date\_\_\_\_\_