HEALTH INFORMATION SHEET

Student's Family Name _____ Given Names _____

Date of birth _____ Health Card # _____
(day) (month) (year)

Birth Order 1st 2nd 3rd 4th 5th 6th child in family
*Please circle appropriate number.

Name of Doctor _____
Address _____
Telephone Number _____

Is the student allergic to: ☐ Medication ☐ Insect bites ☐ Food ☐ Other
If yes, please explain _____
_____

Does the student have any health problems? ☐ Yes ☐ No
If yes, please explain _____
_____

Is the student taking medication on a regular basis? ☐ Yes ☐ No
If yes, please explain _____
_____

Is the student able to participate in regular physical education activities? ☐ Yes ☐ No
If no, please give reasons _____
_____

Can this student be administered Tempra and/or Tylenol? ☐ Yes ☐ No

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Name of person, other than the parent, who may be contacted in case of emergency:
Name _____ Relationship _____
Telephone: Home _____ Business _____

I understand that my child will be expected to attend all school outings and if he/she does not attend for health reasons, there will be no school on the day of the outing.
I hereby give consent for any persons connected with the school to give all emergency aid to

_____
(name of student)

_____ _____
Signature of parent or guardian Date