HEALTH INFORMATION SHEET

Student's Family Name: _____ Given Names: _____

Health Card # _____

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

Name of Child's Doctor: _____ 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: _____
_____

In case of emergency, it both parents are unavailable, please contact:
Name: _____ Relationship: _____
Home phone: _____ Business Phone:_____
Cell Phone: _____ Email: _____

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

_____
(Student's Name)

_____ _____
Signature of parent or guardian Date