

MEDICAL INFORMATION

Please clearly print when filling out this form.

Name _____ Gr. _____ Date of Birth ____/____/____
Please list you family doctor/ hospital and its phone number. Doctor/ hospital name: Phone number:
Please list the name and phone number of a close friend whom the school may contact if you cannot be reached by phone. Name: _____ Relationship: _____ Phone number: _____
Please describe any medical condition or history of your child (such as operations, fevers, asthma, seizure, allergies, or sensitivities) that may require special attention or medication during school hours or school sponsored activities.
Please list any medication that your child is now taking. If this medication is to be given in an emergency situation, please write necessary instructions for school personnel.
<p>I, _____, DO give my permission for the school to seek medical aid and treatment for my child in an emergency situation and to sign necessary documents on my behalf.</p> <p style="text-align: center;">(parent/Guardian)</p> <p>I, _____, DO NOT give my permission for the school to seek medical aid and treatment for my child in an emergency situation and to sign necessary documents on my behalf.</p> <p style="text-align: center;">(parent/Guardian)</p> <p style="text-align: center;">*Admissions will not be based on whether or not you give permissions.</p>

 Signature of parent / guardian

 Date