

Student Name: _____ Sex: _____ Grade: _____

Birth Date: Month _____ Day _____ Year _____

Ontario Health Card Number: _____

Please comment on your child's overall health: _____

If your child is unable to participate in certain athletic and/or school activities, please comment: _____

Please comment on your child's social development: _____

Has your child ever been diagnosed with a speech / cognitive / psychological problem? Yes No

Comment _____

Has your child ever had their hearing or eyes tested? Yes No Comment: _____

Does your child have any allergies? Yes No Allergies: _____

If yes, are they considered anaphylactic? Yes No

Does your child need to keep any medication at school for any medical condition? _____

Name of Physician: _____ Phone No. _____

Address: _____

Parental Consent: *In case of emergency resulting from an accident or illness where prompt medical attention is deemed necessary and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.*

Dated: _____

Signature of Parent/Guardian: _____