

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: _____

Parents of children under the age of 18 yrs. are required to update the Halton Health Region Health Department after every immunization received. Records can be updated online by visiting halton.ca/immunize, or by dialing 311, or by delivering records in person to the Halton Regional Centre, 1151 Bronte Road, Oakville. It is unnecessary to report your immunizations if your child was immunized at a Halton Region School or a Halton Region Community Immunization Clinic. In these cases, the Health Department is already aware of these immunizations.

I understand my responsibility as parent/guardian to report my child's immunizations to Halton Health.