PEN#



MEDICAL INFORMATION FORM (1)

STUDENT INFORMATION		Gender	Male	Female
Student Name	Birthdate (DD/MM/YY)	Pa	nrent/Guardiar	n Name
Parent/Guardian Home Phone #		Parent/Guar	dian Business	Phone #
Emergency Contact Name/Phone		Physician Na	me/Phone #	
HEALTH INFORMATION Please indicate by checking the applic serious health concerns, or requires r				conditions or any other
Medical Condition				
Hearing Impairment specify:				
Visual Impairment specify:				
Physical Impairment specify:				
Serious Health Concerns				
Life Threatening Allergies allergion	c to:		(parent requ	ired to fill out form 1A)
Diabetes (parent required to fi	ll out form 1B)			
Asthma (parent required to file	l out form 1C)			
Seizure Disorders (parent requ	ired to fill out form 1D)			
Other Serious Health Concerns s	pecify:			
Medication that is essential for scho	ol staff to give students du	iring school h	ours	
My child requires medication to b	pe administered by school	staff (parent r	equired to fill	out form 1E)
IMMUNIZATION				

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. In addition Grade 9 students will receive Tetanus, Diptheria and Pertussis. A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at your school, your child will be given a notice of immunization that can be added to his/her medical records at home.

Parent/Guardian Signature	Date Completed
Parent/Guardian Signature	Date Completed