Tel: 604.596.7733
www.sd36.bc.ca

School District No. 36 (Surrey)
STUDENT MEDICAL FORM

Name of Student ______________________ Grade __________ Division ________
Care Card Personal Health No. ____________________ Date of Birth ________________
Family Doctor ____________________ Phone No. ______________________

Name of Parent/Guardian ____
Address ____
Home Phone ___________ Business Phone _____________ Cell Phone ___________

In case of emergency contact Parents/or:
Name ____________________________ Phone No. ______________________

Please note any health problems, physical handicap, emotional difficulty, behaviour problem, or other factors which may limit full participation in this program. Use back of sheet if necessary. ________________
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Has the student had a previous injury which would require special first aid treatment should another injury occur? Explain. ____
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The student has received the regular immunization program administered in B.C. for diphtheria, pertusis and tetanus (DPT); tetanus and diphtheria (Td); polio; measles, mumps & rubella (MMR). Yes No (Circle)

Contact Lenses Yes No (Circle)

Child is subject to:

( ) asthma	( ) ear ache	( ) fainting	( ) motion sickness
( ) eye infection	( ) sensitive skin	( ) sinus problems	( ) seizures
( ) severe allergies	( ) bronchitis	( ) high blood pressure	( ) frequent colds
( ) headache	( ) dizziness	( ) kidney problems	( ) other: ___________

Please describe in detail any necessary information regarding the above medical problems: ___________
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Medications: All medicines that are brought to school should be clearly labelled with the child's name and information below. Please list any medications. ______________________________________

In case of emergency, I hereby give permission to the physician selected by the educator-in-charge to provide necessary treatment for my child.

Parent/Guardian Signature ________________________ **Date** ________________