Pembina Hills
PUBLIC SCHOOLS

Medical Information Sheet

F6-08B

Neerlandia Public Christian School

STUDENT INFORMATION			
Legal Name	Last Name	First Name	Middle Name(s)
Date of Birth	MM-DD-YYYY		
Address		City, Province	Postal Code
Phone Number	Res	Cell (optional)	

Parent/ Guardian 1	Last Name	First Name	Relationship to Student	
	Email	Res	Work	Cell
	Address (if different from student)	City, Province	Postal Code	
Parent/ Guardian 2	Last Name	First Name	Relationship to Student	
	Email	Res	Work	Cell
	Address (if different from student)	City, Province	Postal Code	

EMERGENCY AND MEDICAL INFORMATION				
Family Doctor		Phone		
Dentist		Phone		
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Surname	First Name	Relationship	Res	Cell
Surname	First Name	Relationship	Res	Cell

Please check the appropriate response and provide details below if you answer "yes" to any of the questions:					
☐ Yes	☐ No	Medication	☐ Yes	☐ No	Asthma
☐ Yes	☐ No	Allergies	☐ Yes	☐ No	Trouble breathing during exercise
☐ Yes	☐ No	Carries an epiPen	☐ Yes	☐ No	Heart condition
☐ Yes	☐ No	Previous history of concussions	☐ Yes	☐ No	Diabetes ☐ Type 1 ☐ Type 2
☐ Yes	☐ No	Wears dental appliance	☐ Yes	☐ No	Presently injured
☐ Yes	☐ No	Seizures and/or epilepsy	☐ Yes	☐ No	Head or back injury
☐ Yes	☐ No	Wears glasses	☐ Yes	☐ No	Surgery in the last year
☐ Yes	☐ No	Been admitted to hospital in the last year	☐ Yes	☐ No	Fainting or seizure during or after physical activity
☐ Yes	☐ No	Vaccinations up to date Date of last Tetanus Shot __________	☐ Yes	☐ No	Wears medical information bracelet /necklace For what purpose? __________
☐ Yes	☐ No	Has had injuries requiring medical attention in the past year	☐ Yes	☐ No	Other

Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)

DECLARATION	
I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Date (MM-DD-YYYY)

IMPORTANT:
This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.