

STUDENT INFORMATION AND MEDICAL QUESTIONNAIRE

Student Name: _____

Date of Birth: _____

Age: _____

Mother

Father

Telephone: Home _____

Office _____

Cellular _____

Email Address: _____

Emergency Phone Number: _____

(In case parents above cannot be reached)

Name of other people authorized to pick up the child: _____

Please indicate if child is allowed to go home by himself at the end of the day: ()Yes ()No

Medical Insurance Number: _____ ()Ontario ()Quebec

Family Doctor: _____ Telephone: _____

Food or Other Allergies: _____

(please specify)

Drug Allergies: _____

Other Pertinent Medical Information: _____

Medical Emergency Release

Should emergency medical assistance or procedures be required to treat your child, all attempts will be made to contact the parents or guardian. However, if parents cannot be reached for any reason, the advice of the attending physician will be followed. Any medications or procedures (prescribed by physician) will be administered only if the parents cannot be reached.

Parents Signatures: _____

(Mother's Name)

(Father's Name)

(Mother's Signature)

(Father's Signature)