STUDENT INFORMATION AND MEDICAL QUESTIONNAIRE

Student Name:			Date of Birth:	
			Age:	
	Mother		Father	
Telephone:	Home			
	Office			
	Cellular			
Email Addre	ss:			
Emergency F	Phone Number:			
	(In case pare	ents above	cannot be reached)	
Name of oth	ner people authorized to pick up the child:			
Please indica	ate if child is allowed to go home by himse	If at the en	d of the day: ()Yes ()No	
Medical Insu	urance Number:	()C	Ontario ()Quebec	
Family Doctor:		Teleph	one:	
Foor or Othe (please spec	er Allergies:			
Drug Allergie	es:			
Other Pertin	nent Medical Information:			
	Medical Emerge	ncy Relea	ase	
made to cor advice of the	rgency medical assistance or procedures be ntact the parents or guardian. However, if e attending physician will be followed. Any will be administrered only if the parents can	e required parents ca y medicatio	to treat you child, all attempts will be nnot be reached for any reason, the ons or procedures (prescribed by	
Parents Sign	atures:			
	(Mother's Name)		(Father's Name)	
	(Mother's Signature)		(Father's Signature)	