



St. John Brebeuf School

STUDENT MEDICAL FORM

PLEASE PRINT:

Name _____ Accepted for Grade _____

Manitoba Health Registration # (6 digits) _____ Personal Health ID # (9 digits) _____

Physician's Name _____ Doctor's Office Phone No. _____

Additional Health Coverage (Blue Cross, etc.) _____

Please indicate any Health Care needs:

My child is not experiencing any health problems at this time.

Epi-Pen Bronchial Inhaler Asthma Anaphylaxis

Allergies (identify) _____

Disabilities _____

Regular Medication _____

Elaborate on Health Care needs, if necessary: _____

Emergency Procedures:

If your child should become ill or injured during the school day, the school will notify the parents. If we are unable to reach the parents we will call your designated contact(s) below. In the event that we are unable to reach neither the parents nor emergency contact(s), it is the school's policy that a staff member take the child to the Children's Hospital or the nearest hospital. While we hope that we never have to use your authorization to do so, we would appreciate it if you would grant us this authority by completing the following. In the event that an ambulance is deemed necessary, the parent/guardian shall be billed for this service.

Please check (✓):

I agree with the above procedure.

I do not agree with the above procedure and request that the school:

Unless contact information is kept up-to-date and this form is completed and signed, the school will not be held responsible for following the above procedures.

Emergency Contact 1:

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Emergency Contact 2:

Name _____ Relationship to Child _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

Signature of Parent(s) / Guardian(s)

Date