



MEDICAL INFORMATION FORM (SA55)

School District No. 38 (Richmond)

Student Name:	Grade:
Home School:	Gender: M F
Parent/Guardian (1):	Relation to Student:
Parent/Guardian (2):	Relation to Student:
Student Lives With:	Siblings:
Student Address:	
Home Phone Number:	Alternate Phone:

Emergency Contacts/People authorized to pick up my child in case of an EMERGENCY (other than parent):

1. Name:	Phone (Day):
Relation to child:	Phone (Night):
2. Name:	Phone (Day):
Relation to child:	Phone (Night):

Out of Province Contact:

3. Name:	Phone (Day):
Relation to child:	Phone (Night):

Doctor:	Phone:
Dentist:	Phone:
Care Card #	

MEDICAL CONCERNS: Does the student have any medical problems, health concerns, and/or diet restrictions and/or allergies of which the teacher or school nurse should be aware of?

YES NO *If YES, please complete the questions below.*

My child has the following medical conditions (please check where applicable):

- DIABETES
- EPILEPSY - If YES, has your child had seizures in the past year? YES NO
- ALLERGIES causing a life-threatening response, which needs immediate emergency medical case such as adrenalin given by school staff. Allergic to: _____ *Only list bee/wasp stings if emergency medical care is required.*
- RESPIRATORY CONDITIONS, which may require medical care at school (eg. Asthma). If YES, has your child needed emergency medical care in the past year? YES NO
- RESTRICTIONS - Are there restrictions (food, activities to be avoided) that the school staff should be aware of? _____
- MEDICATION - Does your child carry medication with him/her? If so, what? _____
- OTHER MEDICAL CONDITIONS such as a serious heart condition, blood disorder, immune system disorder or other serious chronic conditions which will need any attention: _____

The purpose of this form is to enable the parent or guardian of a student (1) to make the school aware of any medical condition the student has that might be affected by, or, that might prevent him/her from engaging in any student activity including P.E. classes, day field studies and overnight trips, and (2) to provide the school with the telephone numbers where the parent/guardian and emergency contact can be reached in the event of an emergency. It is assumed by the school that, where necessary, the parents have sought the advice of student's physician prior to completing this form. The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by School Administration. Please note: The responsibility lives with the parent/legal guardian to advise the school if any change occurs in the medical or physical condition of the student.

IN CASE OF EMERGENCY: I hereby give permission to qualified health personnel (the family physician, school nurse, other outside emergency personnel or staff who possess a current first aid certificate) to provide treatment for my child. I understand that the teacher and the School board are NOT responsible for medical care costs.

Signature of Parent/Guardian

Date



EMERGENCY CONTACT INFORMATION FORM FOR WORK EXPERIENCE SUPERVISORS & TEACHERS

School District No. 38 (Richmond)

Student Name:	Grade:
Home School:	Gender: M F
Home Phone Number:	Student Cell Phone:

TYPE OF WORK EXPERIENCE:

CP WEX PreEmp Sp Ed Apprenticeship Program (specify): _____

Parent/Guardian (1):	Relation to Student:
Phone Number:	Cell Phone:
Parent/Guardian (2):	Relation to Student:
Phone Number:	Cell Phone:
Student Address:	

Emergency Contacts/People authorized to pick up my child in case of an EMERGENCY (other than the parent):

1. Name:	Phone (Day):
Relation to child:	Phone (Night):
2. Name:	Phone (Day):
Relation to child:	Phone (Night):

Out of Province Contact:

3. Name:	Phone (Day):
Relation to child:	Phone (Night):

Doctor: Dr.:	Phone:
Dentist: Dr.:	Phone:

MEDICAL CONCERNS: Does the student have any medical problems, health concerns, and/or diet restrictions and/or allergies that should be identified for Work Experience?

YES NO If YES, please describe: _____

I verify that all of the above information is correct. I agree to share this information with my child's worksite placement.

Parent/Guardian Name

Parent/Guardian Name

Date

**To the Supervisor of the Work Placement:
In the Event of an Emergency:**

1. Apply appropriate first aid on site, if necessary, transport student to hospital
2. Immediately contact the parents and the school
3. For unpaid work experience, the school is responsible for filling out the WorkSafe BC's Employers Report of Injury form