

Return this form
ONLY
if your child has
a Medical Condition.

POINT GREY SECONDARY SCHOOL 2017 - 2018 MEDICAL INFORMATION SHEET

Student's Last Name:	Student #:	Grade:
Student's First Name:	DOB: Month Day Year	
Student's Legal First Name (if different than First Name):	Care Card #	

1. Does your child have any of the following medical conditions which may require emergency care at school?
- NONE. Disregard this form; do not need to return this to the school if your child has no medical condition.**
 - Severe Asthma
 - Seizure – disorder / epilepsy
 - Life-threatening allergy (anaphylaxis)
 - Diabetes
 - Other (please specify): _____

2. Please list any prescribed medication(s) for this condition:

3. Is there anything the school needs to know about this condition?

4. In the event of a medical emergency at school, what action is necessary for the above condition?

Emergency Medical Contacts (Please print):

Name:	Home#:	Cell#:	Business #:
Name:	Home#:	Cell#:	Business #:

Date:

Signature of Parent/Guardian

Month / Day / Year