



CHRISTIAN LIFE SCHOOL

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www.christianlifeschool.ca Email: office@christianlifeschool.ca

MEDICAL INFORMATION FORM 2021 – 2022

1. STUDENT INFORMATION

Student Full Name: _____

Date of Birth (month/day/year): _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Work Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Physician: _____

Physician Contact Number: _____

2. HEALTH

Medical Condition - If your child has no medical condition please check box, sign, and date form.

- No Medical Condition
- Hearing Impairment Specify: _____
- Visual Impairment Specify: _____
- Physical Impairment Specify: _____

Serious Health Condition - If any of these boxes are checked please contact the office for additional required form.

- Anaphylaxis Parent required to fill out form A
Specify Allergy: _____
- Anaphylaxis Parent required to fill out form B
- Anaphylaxis Parent required to fill out form C

