



# CHRISTIAN LIFE SCHOOL

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## MEDICAL INFORMATION FORM 2023 – 2024

### 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: \_\_\_\_\_
- Diabetes -Parent required to fill out form B
- Asthma -Parent required to fill out form C
- Seizure Disorders -Parent required to fill out form D
- Other serious health concerns -Parent required to fill out form E

**Medication that is essential for staff to administer to student during school hours.**

- Medication -Parent required to fill out form F  
**-To be administered by school staff**  
-Specify Medication: \_\_\_\_\_

### **3. IMMUNIZATION**

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to all girls in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to his/her medical records at home.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_