



CHRISTIAN LIFE SCHOOL

8923 112th Avenue

Fort St. John, BC V1J 6G2

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

MEDICAL INFORMATION FORM 2025 – 2026

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.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Anaphylaxis | -Parent required to fill out form A |
| | -Specify Allergy: _____ |
| <input type="checkbox"/> Diabetes | -Parent required to fill out form B |
| <input type="checkbox"/> Asthma | -Parent required to fill out form C |
| <input type="checkbox"/> Seizure Disorders | -Parent required to fill out form D |
| <input type="checkbox"/> Other serious health concerns | -Parent required to fill out form E |

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> 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: _____