CHRISTIAN LIFE SCHOOL

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

MEDICAL INFORMATION FORM 2026 – 2027

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: _____