

Medical Information Supplemental Form

Student Registration



This form should be completed and reviewed annually if:

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

Student Name:

Date:

Home Room:

Grade:

Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies (we require a doctor's note detailing the allergy), diabetes, and some seizures.

YES NO

If yes, please explain:

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, panic attacks, and non-life threatening allergies (we require a doctor's note detailing the allergy).

YES NO

If yes, please explain:

Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers*?

Do you permit the school to create a Medical Alert: Yes No

Would you like this alert to expire after a set amount of time? Yes

Date: ___ / ___ / ___

(mm/dd/yyyy)