



REGENT CHRISTIAN ACADEMY

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FORM REVISED: SEPT 10, 2014

MEDICAL INFORMATION FORM

1. CONTACT INFORMATION

Student Name:

Date of Birth:

Date of Information:

Eye Colour:

Hair Colour:

Distinguishing marks:

Parent / Guardian Name

Address:

Phone:

Personal Health Number (Care Card): 10 digits

2. EMERGENCY CONTACT INFORMATION

	Name	Day Phone Number
Father		
Mother		
Family Doctor		
Family Dentist		
Alternate contact		
Relationship		
Alternate contact		
Relationship		

3. MEDICAL CONDITIONS

Does your child have any allergies?

Food

Insect sting

Does your child have any LIFE THREATENING allergies?

Is your child on any other on-going medication?

Does your child self administer any medications?

Does your child have a history of seizures?

Does your child have any other medical conditions we should be aware of?

Does your child require an EPI PEN?

A new pen will be needed at the school.

4. IMMUNIZATION HISTORY

Please provide dates of the following immunizations:

DPTP – HIB Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza	MMR Measles, Mumps, Rubella	HEPATITIS B
1.	1.	1.
2.	2.	2.
3.		3.
4.		
Booster:		

5. ANY OTHER MEDICAL INFORMATION

Please use this space to detail any further medical information.

Dear Parent / Guardian

Please rest assured that if the student needs assistance in a medical emergency, the school will attempt to inform you immediately. The student will however, be promptly cared for whether or not we are able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/guardians until successful.

- I agree that the above information is correct.
- If changes occur I will contact the school and provide revised instructions.
- I am aware that the Public Health Nurse for our school will be informed of my child's condition and of the medication in the case of a mass outbreak.
- I am aware that the teacher / staff working with my child needs to know of my child's condition and of the medication required.
- I am aware I am required to update this information each September.

PARENT / GUARDIAN SIGNATURE

DATE