BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

PEN #

Student Photo

MEDICAL INFORMATION FORM

Must be completed for all medical conditions

A. STUDENT INFORMATION □ **Wears Medic Alert ID**

_____

Student Name Birth Date: year/month/day

_____

Parent/Guardian Name(s) and Contact Phone #

_____ _____

Parent/Guardian Business Phone # Parent/Guardian Home Phone #

_____ _____

Emergency Contact Name/Phone # Physician Name/Phone #

B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

1. **Medical Condition**

□ Hearing Impairment specify: _____
□ Visual Impairment specify: _____
□ Physical Impairment specify: _____

2. **Serious Health Concerns**

□ Anaphylaxis ***(parent required to fill out form A)*** Allergic to: _____
□ 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)***

3. **Medication that is essential for school staff to give students during school hours**

□ My child requires medication to be administered by school staff ***(parent required to fill out form F)***

IF ANY CONDITIONS TO YOUR CHILD'S HEALTH IN RELATION TO THE ABOVE CONDITIONS OCCUR, PLEASE DISCUSS WITH YOUR PRINCIPAL.

C. 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 students 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 medical records at home.

Parent/Guardian Signature _____ Date Completed_____

Copies to: _____Parent(s)/Guardian(s) _____ School Health Resource Binder (red binder)_____
Nursing Support Care Plan (if necessary) _____Student's Emergency Kit