SCHOOL DISTRICT #35 (LANGLEY)
BLACKLOCK FINE ARTS ELEMENTARY SCHOOL

MEDICAL FORM

NAME OF STUDENT _____ DIVISION _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

IN CASE OF EMERGENCY:

CONTACT PARENTS / OR _____

CONTACT PHONE NUMBER _____

CARE CARD # _____ DATE OF BIRTH _____

FAMILY DOCTOR NAME _____ OFFICE NUMBER _____

PLEASE NOTE ANY HEALTH PROBLEM, PHYSICAL HANDICAP, EMOTIONAL DIFFICULTY OR BEHAVIOR PROBLEM:

_____

_____

CHILD IS SUBJECT TO:

___ ASTHMA ___ EAR ACHE ___ FAINTING
___ HEADACHE ___ KIDNEY PROBLEMS ___ NOSEBLEED
___ MOTION SICKNESS ___ CONVULSIONS
___ ALLERGIES to: _____ Severe ____

IN CASE OF EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE SUPERVISOR(S) TO PROVIDE NECESSARY TREATMENT FOR MY CHILD.

_____
PARENT OR GUARDIAN SIGNATURE