

# GREATER SASKATOON CATHOLIC SCHOOLS

## Child Health Form

Please fill in this form as accurately as possible for your son or daughter. It will be confidential and used only with discretion by the school staff.

**STUDENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** Same [ ] or: \_\_\_\_\_

**Parent will be at home while child is on trip:** Yes [ ] No [ ]

**If "No", address at which parent can be reached:**

\_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**If parent cannot be reached, give name and address of responsible person:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME OF FAMILY DOCTOR:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SASKATCHEWAN HOSPITALIZATION NUMBER:** \_\_\_\_\_

**Please provide any information you feel we should know about the following:**

Allergies: asthma, hayfever, penicillin, other drugs, food:

\_\_\_\_\_

Illnesses: diabetes, heart, epilepsy, other

\_\_\_\_\_

Medications/Other:

\_\_\_\_\_

**In the event that you or your designate are unable to be contacted in an emergency the supervisor will exercise appropriate discretion when medical services are required.**

**ACTIVITIES** (if applicable):

1. Does your child swim? Yes [ ] No [ ] Indicate level of swimming attained. \_\_\_\_\_

2. Does your child have your approval to participate in swimming activities? Yes [ ] No [ ]

3. Does your child have your approval to participate in canoeing activities? Yes [ ] No [ ]

4. Does your child have your approval to participate in downhill skiing/snowboarding activities? Yes [ ] No [ ]

**To the best of my knowledge, my child is in good health and may participate in all activities except as indicated below:**

Exceptions:

\_\_\_\_\_

Please give reasons:

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN**