

Student Medical Record

Please complete the form and return it to the school or via child's Form Teacher.

(Note: Information contained in this section will not prevent your child/ward from taking PE lessons unless further medical advice warrants exclusion)

Name of child:	BC:
Date of Birth:	Sex: Male/Female Class:

Medical Condition	Yes/No	Special precaution to take for my child (if any) <i>(Please attach supporting <u>medical</u> information from the attending doctor)</i>
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child/ward on regular medication?		
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?		
Other relevant medical information		

I authorize the teacher and instructors to obtain medical assistance which they deem necessary should an accident occur.

I submit the **attached medical information from the attending doctor(s)** concerning my child/ward which includes details of limitations that he/she has for activities concerned.

I am aware that by signing this form, I am consenting to the school and its staff (including Form Teachers, PE teachers, CCA teachers and other authorized school personnel) using the information contained herein for the purposes of (a) updating any student information databases managed by the school or the Ministry of Education, (b) planning and conducting the school's programmes and (c) making disclosure, where relevant and necessary, to government agencies, statutory boards, health-care providers, and other parties in order to ensure the safety and well-being of my child.

Parent's/Guardian's Name:	Parent's/Guardian's Contact Number:
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Parent's/Guardian's Signature

Date