



**Regina Catholic Schools
St. Peter School Health Information Form
2018 - 2019**

Student Name:	Date:
Grade/Class:	Sask. Health Number:
Parent/Guardian Name(s):	Emergency Contact Name:
Phone Numbers: (home) (work) (cell)	Phone Numbers: (home) (work) (cell)
Family Physician: Phone Number:	

1. Current Medical Conditions (to be completed by parent/guardian)
(Check if yes, and write the year if possible)

	Yes	Year		Yes	Year
Epilepsy			Concussion		
Bleeding Disorder			Vision		
Diabetes			Hearing		
Heart Problems					
Orthopedic Problems		Type:			

2. Asthma/Allergies (Please list allergies and location of medicine if applicable)

	Name of Medication	Administered by	Location of Medication
Asthma: Yes / No			
Allergies: Yes / No (Please list below)			

Note: In the case of severe allergies and asthma, the epi-pen and/or inhaler must be given to the direct supervisor of the student and the Parent Authorization for Health Care Intervention form **and** the Medical Alert Info form must be completed.

Please notify the school of any changes that occur during the school year

Parent/Guardian Signature(s)