

STUDENT NUMBER: _____

CARE CARD NUMBER _____

**BURNSVIEW SECONDARY SCHOOL
DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS**

PARENTS:

Please complete this medical emergency information form and have your child return it to their physical education teacher the next day.

STUDENT NAME: _____

FAMILY NAME: _____
(if different from the student)

HOME PHONE NO: _____ E-MAIL: _____

ADDRESS: _____

MOTHER'S WORK NO: _____

FATHER'S WORK NO: _____

FAMILY DOCTOR: _____ PHONE NO: _____

FAMILY DENTIST: _____ PHONE NO: _____

EMERGENCY CONTACT: (if unable to contact parents)

NAME: _____ PHONE NO: _____

1. Does your child have any life threatening medical problems? eg. diabetes, epilepsy, etc.

_____ NO _____ YES

2. Is your child currently on any medication? If so please list.

_____ NO _____ YES

3. Does your child have any medical condition, allergy, or special dietary requirement that the school should be informed about?

_____ NO _____ YES

_____ Date

_____ Signature of Parent/Guardian