

# MEDICAL INFORMATION

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Alberta Health Care Insurance Number \_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Tel #: \_\_\_\_\_

Has child had: Polio _____	Rheumatic Fever _____	Mumps _____
German Measles _____	Diphtheria _____	Measles _____
Scarlet Fever _____	Chicken Pox _____	Whooping Cough _____
Is your child subject to: _____	Allergies _____	Asthma _____
Epilepsy Diet _____	Diabetes _____	Hay Fever _____
Restrictions _____	Tonsillitis Ear _____	Heart Conditions _____
Skin Conditions _____	Infections _____	Reaction to Insect Bites _____

Please elaborate on above if necessary \_\_\_\_\_

Does your child have drug reactions of any kind? (Names) \_\_\_\_\_

Does your child have any food allergies? (Please name) \_\_\_\_\_

Is your child on any medication or treatment on an ongoing basis, and if so, what? \_\_\_\_\_

Has your child had any major operations? If so, when? \_\_\_\_\_

Other comments: \_\_\_\_\_

IMMUNIZATION Whooping cough, Diphtheria, Tetanus, Polio (one shot)

2 months \_\_\_\_\_ 4 months \_\_\_\_\_ 6 months \_\_\_\_\_ 18 months \_\_\_\_\_

Measles 1 year \_\_\_\_\_ German Measles (Girls Only) Grade 6 \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_