

PO Box 24013 Northills Centre Station Kamloops BC V2B 8R3 (250) 376-0375 info@nhass.ca www.nhass.ca

VITAL INFORMATION CARD

Issue Date:	
Child Name:	
Date of Birth:	
BC Med #:	
Medications:	
Allergies:	
Doctor Name:	
Phone:	
Additional	
Info:	