

Student Medical Form

Part 2

Student Information	
Last Name:	First Name:
Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ontario Health Card Number:	Expiry Date
International Health Card Number:	
Home Phone:	Student Grade:

Emergency Contact Information	
Name of Contact 1 :	Name of Contact 2:
Relationship to Student:	Relationship to Student:
Phone number:	Phone number:
Family Doctors Name:	
Phone Number:	

Other Information
Is your child on any ongoing medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain: _____
Has your child completed all immunizations required by the province of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any health problems such as allergies to foods/drugs or other medical concerns of which the school should be made aware? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain: _____

Authorization and Consent to Medical Treatment

With the understanding that my child may need emergency medical treatment during school hours or school activities while he/she attends Heritage School of the Arts, I authorize the HSA, through its staff or volunteers, to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the School will attempt to notify me (or my spouse) in the event of an emergency requiring immediate medical care for my child, and if the School is unable to notify me, it will call an ambulance for assistance. I release Heritage School of the Arts, its employees, volunteers, and agents from any liability claims and causes of action arising in connection with the transportation and/or treatment of the student named herein. I also understand that HSA does not provide medical insurance, and that the responsibility for providing such coverage rests with me as a parent or guardian for my child.

Signature: _____

Date: _____