



MSLC 2019 Medical Information Form

Advisors: Please print and give to your students to fill out. Please bring the copies to the conference with you.

Please fill in this record as accurately and as neatly as you can for your son/daughter. It will be on hand at the conference for our immediate referral should an emergency or mishap occur.

Student's Name: _____ Age: _____

School: _____

Teacher Advisor: _____

Name of Parent/Guardian: _____

Address: _____

Telephone numbers: Day: _____ Evening: _____

Name of Family Doctor: _____ Phone: _____

Manitoba Medical Number (9 digit): _____

Allergies: Food: _____

Medications: _____

Nature: _____

Epinephrine Auto Injector? Yes No Inhaler? Yes No

Has your child recently been exposed to any communicable disease? Yes No

If yes, please indicate: _____

Does your child take any medication regularly? Yes No

If yes, please indicate type and procedure to be used in administration: _____

Please indicate any other medical conditions that should be known (i.e. heart condition, diabetes, seizures, mental health issues, etc.) along with any known triggers.

Is there anything else we should be aware of?

We will endeavour to contact parents in case of emergency. In the event that contact cannot be made, the student will be taken to the nearest medical treatment facility.

I hereby give permission for emergency treatment for my child in case of accident.

Parent/Guardian signature

Date