BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

PEN #

# MEDICAL INFORMATION FORM

*Must be completed for all medical conditions.*

## A. STUDENT INFORMATION

_____

Student Name  Birth date: year/month/day  Parent/Guardian Name

_____ _____

Parent/Guardian Home Phone #  Parent/Guardian Business Phone #

_____ _____

Emergency Contact Name/Phone #  Physician Name/Phone #

## B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

1. **Medical Condition**

☐ Hearing Impairment  specify: _____
☐ Visual Impairment  specify: _____
☐ Physical Impairment  specify: _____

2. **Serious Health Concerns**

☐ Anaphylaxis  ***(parent required to fill out form A)*** Allergic to: _____
☐ Diabetes  ***(parent required to fill out form B)***
☐ Asthma  ***(parent required to fill out form C)***
☐ Seizure Disorders  ***(parent required to fill out form D)***
☐ Other serious health concerns  ***(parent required to fill out form E)***

3. **Medication that is essential for school staff to give students during school hours**

☐ My child requires medication to be administered by school staff  ***(parent required to fill out form F)***

## C. IMMUNIZATION

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to all girls in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to his/her medical records at home.

**Parent/Guardian Signature _____ Date Completed_____**