



Pacific Academy

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MEDICAL INFORMATION FORM

1. Student Name: _____ 2. Birthdate: _____
Month Day Year

3. Parent/Guardian Name: _____

4. Address: _____ 5. Phone: _____

6. Previous Address (in last 5 years): _____

7. Please list full names and birthdates of other children in the family:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

8. Personal Health (Care Card) Number: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

9. Family Doctor in Canada: _____ 10. Phone: _____

11. Family Dentist in Canada: _____ 12. Phone: _____

13. Please list **two** people to contact in case of emergency (other than parents):

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

14. Please list other phone numbers parents can be reached at (cell, pager, etc.):

a) _____ b) _____

c) _____ d) _____

15. Please attach a copy of immunizations or fill in the dates of all past immunizations below.

DPTP-Hib Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza	MMR Measles, Mumps, Rubella	Hepatitis B
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____		3. _____
4. _____		
Booster _____		

Continued on reverse ...

16. Does the student have any medical problem of which we should be aware (heart condition, diabetes, asthma, severe allergies, etc.)? Yes No

If yes, please provide details: _____

In cases of asthma, epilepsy, etc. please give date of last incident: _____

17. Is the student currently taking any medication on a regular basis? Yes No

If yes, please provide name(s) of medication: _____

Will the student need to take this medication while at school? Yes No

Please note that the school cannot administer any medications without written parental permission.

18. Does the student have a history of previous medical concerns or surgery? Yes No

If yes, please provide details: _____

If you have indicated that this student has a major medical condition which may possibly result in a medical emergency while at school, you are required to complete a more detailed form (Medical Alert Information and Care Plan). This information will enable us to plan for and better assist the student should a medical emergency occur.

19. Please use this space if there is anything else you want us to know about the student:

20. This form was completed by:

Name/Relationship: _____ Date: _____

Please rest assured that if the student needs assistance in a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/guardians until successful.