



Lester B. Pearson High School

2019-2020 School Year

STUDENT EMERGENCY HEALTH FORM

Section A	Please Complete in <u>BLUE</u> Ink	Student Information
Family Name _____ First Name _____ Middle Name _____		
Address _____ Apartment _____		
City _____ Postal Code _____ Emergency Phone(____) _____		
Day Phone Number(____) _____ Home Phone(____) _____		
Student's Cell(____) _____ Language(s) spoken at home _____		
Sex: ____ Male ____ Female Other: _____		
Date of Birth: ____ (year)/ ____ (month)/ ____ (day)		
Health Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date: ____ (Yr)/ ____ (Mo)		

Section B	Family Contact Information
Student lives with: <input type="checkbox"/> both parents <input type="checkbox"/> shared custody <input type="checkbox"/> mother only <input type="checkbox"/> father only	
<input type="checkbox"/> group home (please specify) _____	
Person legally responsible for the student and who can be reached in case of an emergency is: _____	
This person's relationship to the student is:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please indicate)	

Contact Information

Parent/Guardian	Parent/Guardian
Family Name:	Family Name:
First Name:	First Name:
(Home)	(Home)
(Work)	(Work)
(Cell)	(Cell)

Other Emergency Contact	Other Emergency Contact
Relationship to student:	Relationship to student:
Family Name:	Family Name:
First Name:	First Name:
(Home)	(Home)
(Work)	(Work)
(Cell)	(Cell)

****PLEASE INFORM THE SCHOOL** of any changes to the information above during the school year. **OVER PLEASE**



Section C

General Health Information

In order to ensure the security of your child, the school must be informed of the health problems that require immediate intervention at the school (i.e. severe allergy, asthma, epilepsy, diabetes...).

Does your child suffer from any particular health problem that needs to be brought to our attention?

Yes (please Complete Sections **D and E**)

No (Please complete Section **E - ONLY**)

Section D

Specific Health Conditions

Does your child suffer from **life-threatening** allergies?

Yes

No

If yes, to what: _____

Emergency Medication:

Epipen

Twinject

Allerject

*****It is the responsibility of the student to have their own medication either kept at school (primary) or on their person (secondary) at all times during the school day.**

Does your child suffer from **Asthma**?

Yes

No

Emergency care required: _____

Does your child have **Diabetes**?

Yes

No

Emergency care required: _____

Does your child have **Epilepsy**?

Yes

No

Emergency care required: _____

Is there any further pertinent information about which the school should be informed in order to respond to an emergency for your child?

If Yes, please specify: _____

Section E

CONSENT

I understand that the information contained in this form will only be transmitted to the CLSC Nurse and to the School Authority who may be required to assist my child in the case of an emergency. I authorise said assistance by the CLSC and/ or School/EMS personnel.

Signature _____ Date _____
(Parent/Guardian or student from age 14) (Year – Month – Day)

I authorise the CLSC nurse to assess my child on an “as-needed” basis, understanding that this will require the opening of a medical file at the CLSC by the CLSC Nurse.

Signature _____ Date _____
(Parent/Guardian or student from age 14) (Year – Month – Day)

Important Reminder: Parents are encouraged to subscribe to personal accident insurance in case their child gets hurt while participating in physical education and sports or in any other circumstances. Fees incurred for ambulance services, medical/dental/ocular services and any other services related to an injury will not be assumed by the school. Parents are encouraged to contact their personal insurance company or any other insurer to get advice and information about accident insurance coverage for their child. Any other questions should be addressed to a member of the administration.