

**Return this form completed
ONLY if your child has
 a Medical Condition.**

**WINDERMERE SECONDARY SCHOOL
 2023 – 2024 MEDICAL
 INFORMATION SHEET**

| | | |
|---|---------------------|--------|
| Student's Last Name: | Student #: | Grade: |
| Student's Preferred First Name: | DOB: Month/Day/Year | |
| Student's Legal First Name (if different than First Name): | Care Card # | |
| <p>1. Does your child have any of the following medical conditions which may require emergency care at school? If NONE please recycle this form.</p> <p><input type="checkbox"/> Severe Asthma</p> <p><input type="checkbox"/> Seizure – disorder / epilepsy</p> <p><input type="checkbox"/> Life-threatening allergy (anaphylaxis)</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Other (please specify):</p> <p>_____</p> | | |
| 2. Please list any prescribed medication(s) for this condition: | | |
| | | |
| 3. Is there anything the school needs to know about this condition? | | |
| | | |
| 4. In the event of a medical emergency at school, what action is necessary for the above condition? | | |
| | | |
| Emergency Medical Contacts (Please print): | | |
| First & Last Name: | First & Last Name: | |
| Cell # | Cell # | |
| Work # | Work # | |
| Home # | Home # | |

Signature of Parent/Guardian _____ Date: _____
 Month / Day / Year

The information on this form is collected under the authority of the School Act, Section 13 and 97. The information will be used for educational programs and administrative purposes and, when required, may be provided to health service, social services or other support services as outlined in Section 97(2) of the School Act. The information will be protected under the Freedom of Information and Protection Privacy Act. If you have any questions about the collection or use of this information, please contact your school principal.