CAMPBELL RIVER CHRISTIAN SCHOOL MEDICAL INFORMATION FORM

Families with more than one child at CRCS– one student per form only (this information is CONFIDENTIAL)

Student Name:	*BC CARE CARD NO.*
Hair Colour: Eye Colour:	Date of Birth: Y _____ M _____ D _____ Distinguishing Marks:

First Parent or Guardian: Second Parent or Guardian:	Phone # (during day with ext. # if applicable) _____ Phone # (during day with ext. # if applicable)
Person to contact in case of emergency (other than parent) Phone #	**Person to contact in case of emergency** (other than parent) Phone #
Does your child require medication to be given **during** the school day? □ Yes □ No	Is your child on any other on-going medication? □ Yes □ No

Does your child have a history of seizures? □ Yes □ No

Are there any other medical conditions for your child we should know? □ Yes □ No If yes, please explain.

Does your child have allergies? □ Yes □ No If yes, *please provide full details/degree of severity for all allergies/allergies to medication for our records.* If medication is needed at school **for any health condition,** please obtain our ***Administration of Medication*** form for your Physician to authorize us to give medication.

Are your child's immunizations up to date? *(See chart below)* □ Yes □ No

Has your child received the new measles/rubella booster, given in spring of 1996? □ Yes □ No

Please provide the names and birthdates of any other children in the home.

_____ _____ (DOB)
_____ _____ (DOB)
_____ _____ (DOB)
_____ _____ (DOB)

BASIC IMMUNIZATION SCHEDULE
Province of British Columbia

DPT – at 2 ,4,6 and 18 months, booster for school entry (4 – 6 years)
Poliomyelitis – at 2,4,6 and 18 months, booster for school entry (4 – 6 years)
MMR (measles, mumps, rubella – 12 mons)
Haemophilus Influenza Type B (HIB) – at 2,4,6 and 18 months
Tetanus/Diphtheria – 14 years

Any questions about this form should be directed to the school office at 250-287-4266.
Please note that NO medication (including Tylenol) **may legally be administered by school staff unless a Request for Administration of Medication form is on file. If you need one of these forms, please contact the school. office.**

Please use the reverse side of this form if more space is needed to provide health information.