



Don Titus Montessori School
School District No. 59 (Peace River South)
P.O. Box 538 Chetwynd, BC V0C 1J0

Phone: (250) 788-2531

STUDENT MEDICAL INFORMATION 2018-2019

STUDENT'S NAME: _____

PARENT'S PLEASE FILL OUT AND SIGN THIS FORM.

STATEMENT OF STUDENT HEALTH: PLEASE LIST ANY DIAGNOSED ONGOING MEDICAL CONCERNS, DISABILITIES, OR PROBLEMS INVOLVING YOUR CHILD.

ASTHMA _____

ALLERGIES _____

BRONCHITIS _____

EPILEPSY _____

OTHER: _____

Is your son/daughter taking any prescription medication

Name of medication: _____

How is it administered: _____

What is it used to treat: _____

SIGNATURE OF FATHER _____

SIGNATURE OF MOTHER _____

Personal health care number from British Columbia Care card: _____