

School District No. 36 (Surrey)

FIELD STUDIES MEDICAL FORM

FOR OUTDOOR AND/OR OVERNIGHT AND/OR OUT OF PROVINCE

Name of Student		Grade	Division
Care Card Personal Health No.		Date of Birth	
Family Doctor		Phone No	
Name of Parent/Gua	ardian		_
Address			
Home Phone	Business Pho	one Cel	Il Phone
In case of emergency	contact Parents/or		
Name		Phone No	_
sheet if necessary.			
Has the student had should another injur	- ·	ich would require spec	
diphtheria, pertusis a mumps & rubella (M	and tetanus (DPT); tet IMR).	unization program adı tanus and diphtheria (Yes No (Circ	Td); polio; measles,
Contact Lenses	Yes No (Circ	ie)	
Child is subject to () asthma () eye infection () nightmares () headache () frequent colds () pulled muscles () other (describe be	() ear ache () sensitive skin () bronchitis () bed wetting () dislocations () sleep walking	() fainting() sinus problems() high blood press() kidney problems() motion sickness() severe allergies (() dizziness () sprains

Revised: 2008-10-23

information below. All medications must be contraider (except for allergies). Use back of form if add medications.	±	
Name of medicine	Used for	
To be administered by	Quantity & Times	
Permission granted by	Given how	
In case of emergency, I hereby give permiss the educator-in-charge to provide necessary Parent/Guardian Signature	treatment for my child.	

Medications: All medicines should be clearly labelled with the child's name and

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