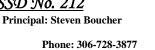


## St. Henry's Senior Elementary School

Christ The Teacher RCSSD No. 212

1255 Prince Edward Street Box 520 Melville, SK. S0A 2P0



Fax: 306-728-4507



Email:steven.boucher@cttcs.ca Web address: www.christtheteacher.ca

To have knowledge you must first have reverence for the Lord.

Book of Proverbs

## Student Medical Form

\*\*This form is to be returned to the school and kept on permanent record file for future reference\*\* Date: \_\_\_\_\_, is in good health to take part I am satisfied that my son/daughter, in strenuous activities. He/she has my permission to participate in those physical activities and sports (school name). I also agree with the need to have conducted by my son/daughter examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility. (Please check the category or individual sports below) All Excursions and Class Trips All Sports or only the following: Cross Country Volleyball Football Golf Basketball Curling **Badminton** Track & Field (FOR OUR REFERENCE, PLEASE COMPLETE) Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 

Grade: \_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_\_\_\_ 

Grade: \_\_ Home Phone #:\_\_\_\_\_ Cell Phone# \_\_\_\_\_ Hosp #\_\_\_\_ 

Family Physician\_\_\_\_\_ Emergency Contact Info:

<ul><li>A parent or guardian must complete this side</li><li>Check if yes, and year if possible</li></ul>	
□ Tonsillitis	□ Bruise Easily
□ Pneumonia	□ Mumps
□ Scarlet Fever	□ Influenza
□ Epilepsy	□ Polio
☐ High Blood Pressure	□ Tuberculosis
□ Kidney Disease	□ Recurrent Boils
□ Small Pox	□ Hernia
□ Rheumatism	□ Tetanus
□ Bleeding Disorder	□ Other diseases
3. Previous Surgery:	
<b>4. Previous Injuries</b> : (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations, etc.) If so, please describe which body part suffered the injury and if possible, indicate which year.	
5. Remarks:	

1. Past Medical History: