

Medical Form

Male Female

Student's Name

Blood Type (if known)

Next of Kin

Phone

OR

Ontario Health Card Number

Other Health Plan Number

Name of Insurer

Date of Birth MM/DD/YY

Family Physician's Name

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Phone number

Address

May we give your Physician's name and address to a local doctor for purposes of obtaining copies of medical records?

Yes No

Signature of parent (or adult student)

Date

PART A:

PLEASE ATTACHE EITHER A COPY OF YOUR RECORD OF IMMUNIZATION OR YOUR ORIGINAL COMPLETED EXEMPTION FORM.

The **Niagara Region of Public Health** in compliance with **ONTARIO LAW** must have either a copy of the record of immunization or the **original** completed exemption form. Copies of exemptions forms are **NOT ACCEPTED**. Immunization records are reviewed annually. Students may be suspended from school if requirements are not met.

Please return both sides of the completed form to the Admissions Office of Great Lakes Christian High School

By one of the following methods:

Email : study@glchs.ca

Fax: 905-563-0818

Mail: 4875 King Street, Beamsville ON Canada L0R 1B6

PART B:

THE FOLLOWING SHOULD BE ANSWERED FOR OR BY THE APPLICANT:

Give details of stays in the hospital (within the last 3 years)

Name of Hospital

Condition Treated

Dates

Do you have **any** of the following **conditions**? State details of treatment you require for each "yes".

Diabetes	No	Yes	_____
Epilepsy	No	Yes	_____
Asthma	No	Yes	_____
Hay Fever	No	Yes	_____
Fainting	No	Yes	_____
ADHD/ADD	No	Yes	_____
Sleeping Disorders	No	Yes	_____
Heart Problems	No	Yes	_____
Mental Health Concerns	No	Yes	_____

State medications you are currently taking. Give details of dosage level and when and how often medication is taken.

State any allergies you have and the severity. Give details of medication, precautions, etc. (Use a separate sheet of paper if necessary).

Detail any other medical conditions or health challenges.

Detail concerns you might have about participation in Physical Education classes.
