



Ottawa Islamic School Medical Form

Please fill in **ALL** information

Grade in September:

Student Information			
First Name:	Surname:	D.O.B (DD/MM/YYYY)	Gender:
Health Card Number:	Family Physician:	Physician's Phone Number:	
Medical History			
Does your child have any medical conditions that the school should be aware of? If any of the above are selected please complete the additional required form.			
1. Asthma <input type="checkbox"/> 2. Allergy <input type="checkbox"/> 3. Diabetes <input type="checkbox"/> 4. Epilepsy <input type="checkbox"/> 5. Anaphylaxis <input type="checkbox"/>			
If any of the above are selected please describe and comment on the medical condition below:			
Please indicate whether your child has any allergies (including insect bites, medication, food, animals, plants, dust, etc.):			
Briefly explain your child's reaction to any of the allergies mentioned above.			
What counter-measures need to be taken if a reaction occurs?			
Does your child require an Epi-Pen? For what reason			
Does your child have asthma? If yes, is it severe and does your child use an inhaler?			
Is your child receiving any medication on a continuous basis? If yes, please list names and reasons for medication.			
Has your child been diagnosed with any behavioral, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, and Dyslexia)? YES/ NO If yes, please indicate what and how it is being treated?			
In the Event of an illness and/or Medical Emergency			
-If a student becomes ill while at school, parents must pick up the child or arrange for transportation. -If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer prescribed medication when a written permission is submitted to the school by the parent.			

Parent/Guardian Signature: _____

Date: _____