



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 ☐ 2. Allergy ☐ 3. Diabetes ☐ 4. Epilepsy ☐ 5. Anaphylaxis ☐

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: _____