

**Ottawa Islamic School Medical Form**

*Please fill in* ***ALL*** *information*

**Grade in September:**

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| **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 physical medical conditions that the school should be aware of? |
| 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? |
| 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 for any behavioral, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, and Dyslexia)? 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 routine prescribed medication when a written permission is submitted to the school by the parent.  |

 **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_