

**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 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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_