



HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD
ST. AUGUSTINE CATHOLIC ELEMENTARY SCHOOL
 25 Alma Street
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MEDICAL INFORMATION FORM
2016 – 2017

NAME OF STUDENT: _____ TEACHER: _____

I would like to inform the school about these facts pertaining to my child’s physical/medical condition related to his/her participation in Physical Education Curricular and Intramural Programs.

Please answer every question. If the question does not pertain to your child, just fill in “NO”.

1. Please indicate if your son/daughter/ward has been subject to any of the following (circle):

- | | |
|---|--------------------|
| Allergies | Arthritis |
| Asthma | Chronic nosebleeds |
| Diabetes | Dizziness |
| Dislocated shoulder | Epilepsy |
| Head or back conditions/injuries (past 2 years) | Headaches |
| Heart disorder | Hernia |
| Orthopaedic problems | Rheumatism |
| Swollen, hypermobile or painful joints | Trick or lock knee |

2. What medication(s) should the participant have on hand during the sport activity?

3. Does your son/daughter/ward wear a medical alert bracelet? _____

If yes, please specify what is written on it? _____

4. Is there any other relevant medical condition that will require modification of the program?

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: FREEDOM OF INFORMATION: The information provided on this form is collected pursuant to the Board’s education responsibilities as set out in the Education Act and its’ regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board’s Policy on risk Management. Any questions with respect to this information should be directed to your school Principal.