



St. Henry's Senior Elementary School

Christ The Teacher RCSSD No. 212

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To have knowledge you must first have reverence for the Lord.

Book of Proverbs

Student Medical Form

****This form is to be returned to the school and kept on permanent record file for future reference****

Date: _____

I am satisfied that my son/daughter, _____, is in good health to take part in strenuous activities. He/she has my permission to participate in those physical activities and sports conducted by _____ (school name). I also agree with the need to have my son/daughter examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility.

(Please check the category or individual sports below)

All Excursions and Class Trips

All Sports

or only the following:

Cross Country

Volleyball

Football

Golf

Basketball

Curling

Badminton

Track & Field

(FOR OUR REFERENCE, PLEASE COMPLETE)

Student Name: _____

Grade: _____ Age _____

Home Phone #: _____ Cell Phone# _____

Hosp # _____ Family Physician _____

Emergency Contact Info:

1. Past Medical History:

- A parent or guardian must complete this side
- Check if yes, and year if possible

Tonsillitis _____

Bruise Easily _____

Pneumonia _____

Mumps _____

Scarlet Fever _____

Influenza _____

Epilepsy _____

Polio _____

High Blood Pressure _____

Tuberculosis _____

Kidney Disease _____

Recurrent Boils _____

Small Pox _____

Hernia _____

Rheumatism _____

Tetanus _____

Bleeding Disorder _____

Other diseases _____

2. Asthma:

Please indicate if your child suffers from asthma and if so, indicate

- Severity of asthma.
- Specific instructions as to how to manage your child if suffering asthma attack.

3. Previous Surgery:

4. Previous Injuries: (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations, etc.) If so, please describe which body part suffered the injury and if possible, indicate which year.

5. Remarks:
