



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

School Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Y- M- D M or F

Student's Home Address: \_\_\_\_\_  
Number Street City Postal Code

Student's Home Phone Number: \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_

Father's (Guardian's) Address: \_\_\_\_\_  
(If different from student's)

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_

Mother's (Guardian's) Address: \_\_\_\_\_  
(If different from student's)

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone: \_\_\_\_\_

OHIP Health Card No: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

Does your child have any special condition which must or should be taken into consideration in his/her participation in a full academic and physical program?

Allergy: \_\_\_\_\_

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Feet or Legs: \_\_\_\_\_

Heart: \_\_\_\_\_

Skin: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_



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Recent illness or operation: \_\_\_\_\_

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

Does your child carry any medication for the above-mentioned condition(s)? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

Has he/she any drug allergy or sensitivity? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

Has he/she any serum sensitivity? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot (if known): \_\_\_\_\_

If there are any medical details that you feel might be of some assistance to the teacher to ensure the safety of your child, please contact the teacher at school or use the space below to inform the teacher of these details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
(Signature of student if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor-in-charge of Excursion

\_\_\_\_\_  
Date

(Page 2 of 2)