



MEDICAL INFORMATION

Name of Family Doctor: _____

Doctor's Phone #: _____

Manitoba Medical Nos. _____(six digit family #)_____ (nine digit personal #)

Blue Cross or Other Health Insurance No. _____

MEDICAL HISTORY (conditions of which the school personnel should be aware):

Is the student taking any medication with him/her on an excursion? _____

If so, what is it and who is expected to administer this medication?

Should emergency medical services be required for your child during the excursion, the local medical personnel will be contacted immediately.

(Name of Parent or Guardian. Please print.)

(Signature of Parent or Guardian)

(Telephone)

(Date of Signature)

Adopted September 1, 2009		
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