



## Student Health Information

Reference to Policy 8007

In the best interests of your child in relation to safety and program planning, the following health information is requested:

Date

\_\_\_\_\_  
Signature of Principal

Name of Child:

Birth Date:

Name(s) of Parent(s)/Guardian(s):

Name of Family Doctor

**Please check those that apply and comment as necessary (i.e. medications).  
More detailed comments may be attached or written on the back.**

**SEVERE ALLERGIES** (i.e., insect stings, medication, food, etc.)  
 Life Threatening                       Non-Life Threatening

Comments:

**ASTHMA**                       **DIABETES**                       **EPILEPSY**                       **HEART PROBLEMS**

Comments:

**SPEECH/LANGUAGE PROBLEMS:** \_\_\_\_\_

**FREQUENT EAR INFECTIONS:** \_\_\_\_\_

**HEARING PROBLEMS:** \_\_\_\_\_  **HEARING AID(S)**

**VISION PROBLEMS:** \_\_\_\_\_  **GLASSES/CONTACT LENSES**

**PHYSICAL DISABILITY:** \_\_\_\_\_

**OTHER MEDICAL OR DENTAL CONCERNS:** \_\_\_\_\_

**NO HEALTH PROBLEMS:** \_\_\_\_\_

This information is gathered for the purpose of safety and program under the authority of the Education Act OSR 1980 C129 or 554. This information will be kept CONFIDENTIAL and stored in your child's OSR file. This information may be shared with the Algoma Health Unit Personnel. We are requesting that health information collected by the Algoma Health Unit be shared with school personnel when it is pertinent to your child's educational program. In addition, my child can be seen by a school nurse.

Date

\_\_\_\_\_  
Signature of Parent(s)/Guardians(s)

This form and others pertaining to registration can be emailed to: [frontdesk@hscdsb.on.ca](mailto:frontdesk@hscdsb.on.ca)

OR

dropped off at the school your child will be attending.  
During July and August this form can be dropped off at, or mailed to, the  
Catholic Education Centre  
90 Ontario Avenue  
Sault Ste. Marie P6B 6G7