

SCHOOL MEDICAL FORM



*Please complete this form to include with your application package.
Please include a copy of your MB Health Card and Treaty Status Card if applicable.*

Student's Name: _____ Grade in 2022-23: _____

Student's Birthdate: _____ (MM/DD/YYYY)

Family MB Medical #: _____ Individual MB Medical #: _____

Parent/Guardian: _____ Work Phone: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Doctor's Name: _____ Phone Number: _____

Clinic Address: _____

PLEASE IDENTIFY IF YOUR CHILD HAS ANY OF THE LISTED MEDICAL CONDITIONS/NEEDS. *If you answer yes to one or more of the following, MCI will provide you with an application form for the Unified Referral and Intake System. URIS is a provincially funded program that provides the school with a written health care plan and training by a registered nurse from Southern Health.*

<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Osteogenesis imperfecta	<input type="checkbox"/> Gastrostomy care
<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Ostomy care
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Steroid dependent condition	<input type="checkbox"/> Pre-set oxygen
<input type="checkbox"/> Cardiac condition	<input type="checkbox"/> Clean intermittent catheterization	<input type="checkbox"/> Suctioning (oral/nasal)
<input type="checkbox"/> Diabetes		

Does your child have any allergies? <i>If yes, please list below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any over the counter medications that are NOT safe for your child? <i>If yes, please list below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently taking prescribed medication? <i>If yes, please list below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need assistance from MCI staff to administer the medication? <i>If yes, your signature on this form authorizes MCI staff to assist your child in administering their prescribed medication.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child self-administer their prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child require a special diet? <i>If yes, please describe it.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been receiving physician care and/or taking medication within the last year for physical diagnoses/symptoms? <i>If yes, include your child's diagnosis and information on medical care provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child receiving professional care due to emotional or psychiatric concerns? <i>If yes, include diagnosis/symptoms and care provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever struggled with mental illness? <i>If yes, include diagnosis/symptoms. What coping mechanisms do you have in place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child able to participate in the regular physical education program? <i>If no, please provide details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional information about your child of which the school should be aware.	

In the event of a medical emergency, MCI staff will follow emergency procedures. First, calling 9-1-1 and then notifying parents/guardians and/or emergency contacts as listed on this form.

Parent/Guardian's Signature

Date