



# Student Medical History Form

## **Student Information (please print)**

Student's Full Legal Name: \_\_\_\_\_

Saskatchewan Health Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_

Please list any medical history or conditions that we should know about, including the issue, level of urgency, medication, and what we should do:

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Allergies/Food Sensitivities (please list, including severity and whether or not child uses inhalers, etc.):

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**Medication Administration Form** – if applicable

No medication, either over-the-counter (OTC) or prescription will be given to children without the parent/guardian filling out and signing a Medication Administration Form. If your child requires help administering medication (i.e. an epipen), please fill out and sign a Medication Administration Form. In the event of an emergency, PSS staff will first call 911 and then contact the parent/guardian.

**Consent to Medical Attention:**

In the event of an emergency, where it is not possible, or prudent to contact me first, I consent to PSS staff providing first aid treatment, and/or arranging emergency medical attention as deemed necessary. I agree to pay any costs that may be incurred for such medical attention, including ambulance transport, treatment, medication, etc.

**It is Prairie Sky School’s responsibility to contact me, \_\_\_\_\_,**  
**as soon as possible in case of medical emergency. I can be reached at,**  
**phone # \_\_\_\_\_, or alternate # \_\_\_\_\_.**

Name of Parent/Guardian (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)