Commission scolaire English-Montréal
English Montreal School Board

STUDENT EMERGENCY HEALTH FORM

To ensure the safety of the student, the school must be informed of any health issues that may require emergency intervention while at school (e.g. severe allergy to certain foods/insect bites, diabetes, etc.).

Does your child have a medical issue or condition? ☐Yes ☐No

STUDENT IDENTIFICATION

Family Name :		**Given Name :**
Fiche no.	Class Grade Bus #	Language spoken at home :
Date of birth :	Sex : Male ☐	Female ☐ Other ☐
Siblings in the school :		

ADDRESS 1

Civic no.	type (street, boul., ave...)	Street name	Apartment	City/borough	postal code
Home telephone number :			Other telephone number(s)		
The child resides with : ☐	Both parents ☐		One parent : ☐	Guardian	

ADDRESS 2 (optional)

Civic no.	type (street, boul., ave...)	Street name	Apartment	City/borough	postal code
Home telephone number :			Other telephone number(s)		

EMERGENCY CONTACT INFORMATION

Name of parent		**Name of parent**	
Home phone number		Home phone number	
Work phone number		Work phone number	
Cell phone number		Cell phone number	
Email Address		Email Address	

Name of guardian		**Emergency contact**	
Home phone number		Home phone	
Work phone number		Work phone number	
Cell phone number		Cell phone number	
Email Address		Email Address	

Parents are advised to notify the above individuals that the school will contact them in an emergency.

Please complete and sign the back. ➡

DOES THE STUDENT HAVE A SEVERE ALLERGY ?

Food	☐ Yes ☐ No	**Specify :**	
Bee/wasp stings	☐ Yes ☐ No	**Specify :**	
Other allergy		**Specify :**	
Epinephrine auto-injector (for example : EpiPen MD)	☐ Yes ☐ No	**If yes, specify :**	**Expiration date :**
Other :		**Specify :**	

DOES THE STUDENT SUFFER FROM AN ILLNESS ?

Asthma	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :** Insulin dependant : Yes No	Taken at school ☐ Yes ☐ No
Epilepsy	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No
Sickle Cell Anemia	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No
Heart problems	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No
Other	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No
Other	☐ Yes ☐ No	**Specify :**	**Medication *(name and dosage of medication) :**	Taken at school ☐ Yes ☐ No

*Please note that medication at school is an exceptional measure. You will need to authorize any medication administered at school and provide the prescription and medication in its original container. For any changes regarding your child's specific needs, please contact the school secretarial staff.

AUTORISATION

I give permission to display the name and photo of my child in order to allow quick intervention for the following health problems – asthma, epilepsy, sickle cell anemia, heart problems, allergies, other.	☐ Yes ☐ No
I authorise the nurse to screen for the presence of signs and symptoms of contagious and parasitic diseases (e.g. measles, chickenpox, ringworm, scabies, etc.) in order to make a medical referral and ensure follow-up.	☐ Yes ☐ No

Ambulance transport

If transport by ambulance must be carried out, the costs will be paid by the parents or guardian.

SIGNATURE OF PARENTAL AUTHORITY HOLDER OR YOUTH 14 YEARS OLD AND OVER

signature	Date :