

**Quebec 2019**

**Student Medical Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **MCP #:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Cell	Work	Home

Does the student have any allergies? \_\_\_\_\_

If yes, please indicate both the condition and treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any medical conditions? \_\_\_\_\_

If yes, please indicate both the condition and treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any “non-medical” conditions that might make them ill? Examples – headache from lack of sleep, traveller’s stomach, knee / hip injuries? If yes, please explain condition and treatment.

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Any other information we might need to ensure they are well taken care of:

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