



Prairie South School Division No. 210

15 Thatcher Drive East
Moose Jaw, SK S6J 1L8

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Outside the Moose Jaw Area: 1-877-434-1200

www.prairiesouth.ca

STUDENT HEALTH FORM

Student's Name: _____ School: _____

Home Address: _____ Postal Code: _____

Home Telephone Number: _____ Student's Birth date: Month/Day/Year: _____

Student's Hospitalization Number: _____

Father's Name: _____ Work Number: _____

Mother's Name: _____ Work Number: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Doctor's Name: _____ Doctor's Phone Number: _____

My child has major health problems. My child has no major health problems.

If your child has health problems, please include all health problems:

If your child has allergies, please list all allergies:

Food: _____ Environment: _____

Insects: _____ Animal: _____

Plants: _____ Medications: _____

Other: _____

Recommended procedures if a health problem occurs (for staff): _____

If recommended procedures are not effective, what are the appropriate emergency procedures (hospital, contact doctor, etc.)? _____

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____

If your child needs medication at school or emergency procedures (allergy medicine, inhalers, etc.) please contact the school principal as a second permission form must be filled out.

Date

Parent/Guardian Signature