



MEDICINE HAT SCHOOL DISTRICT No. 76

601 – 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

HEALTH INFORMATION

_____ (Child's Name)

Verification of updated immunization is required before your child may start with our program. If your child is **not** up to date with immunization, please state why?

Please explain if your child has experienced any of the following:

a. Allergies

Food: _____ Medication: _____

Animal: _____ Other: _____

b. Reoccurring medical problems: (i.e. bronchitis, chronic ear infection, rashes, asthma, etc.)

c. Seizures

d. Medical Dietary Problems:

e. Please list any communicable disease your child has had:

f. Does your child have any needs or disabilities? (i.e. speech, hearing, daily medication) Please explain:

General Conditions

1. Medicine Hat School District No. 76 will not assume responsibility for anything that happens as a result of false information given at the time of registration.
2. Parents agree to communicate on an ongoing basis and to read their monthly newsletter to keep themselves informed.

I have received, read, and understand and agree to abide by and have had the opportunity to discuss all policies, expectations stated in the centre parent handbook, notification of use and the parent contract.

(Parent) (Parent)
(Both Parents' signatures are required for Joint Custody)

Date: _____

Medicine Hat School District No. 76 Officiating Staff Member