

MAPLE LEAF INTERNATIONAL SCHOOL

A Canadian International Program

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad, W.I.

Tel: (868) 632-9578 / 633-3173 Fax: (868) 633-3068 Email: mlis@tstt.net.tt

Website: www.mapleleaf-school.com

MEDICAL FORM

Student Name:

Home Address:

Mother/Guardian:

Father/Guardian:

Family Doctor:

OTHER CONTACTS: (who may be asked to pick up your child if you are unavailable)

Baby Sitter:

Neighbour:

Nearby Relative:

Does your child have a health concern that we should be aware of? Yes () No ()

If yes, please explain _____

OTHER:

<i>Allergies</i>	Yes	No	Details: _____
<i>Seizures/Epilepsy</i>	Yes	No	_____
<i>Asthma</i>	Yes	No	_____
<i>Diabetes</i>	Yes	No	_____
<i>Vision: Glasses</i>	Yes	No	_____
<i>Contacts</i>	Yes	No	_____
<i>Hearing concerns</i>	Yes	No	_____

In case of emergency every effort will be made to notify parents or guardians before transporting the child for treatment. In the event that the school is unable to contact a parent/guardian, please sign the following authorization so we may take the necessary action.

I authorize Maple Leaf International School to send or take _____ for emergency treatment to:

St. Clair Medical Centre, St. Clair	Yes ()	No ()
West Shore Medical	Yes ()	No ()
Other _____	Yes ()	No ()

We also agree to reimburse Maple Leaf International School for any or all medical expenses incurred.

.....
Parent Signature (s)

.....
Date