Toronto Islamic Academy
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Toronto, ON M1L 1C6

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(647) 954-0445

MEDICAL FORM

STUDENT MEDICAL INFORMATION			
First Name:	Last Name:	Gender:	DOB:
Health Card #:	Physician Name:		Phone #:
MEDICAL HISTORY			
Does your child have any physical medical condition that we should aware of? (If yes, please provides details)		☐ Yes ☐ No	
Does your child have any allergies? (If yes, please provides details)		☐ Yes ☐ No	
Is your child on a restrictive diet? (If yes, please provide details.)		☐ Yes ☐ No	
Does your child have asthma? (If yes, is it severe? Please provide details.)		☐ Yes ☐ No	
Does your child have any problems with vision, hearing, or speech? (If yes, please provide details.)		☐ Yes ☐ No	
Is your child receiving any medication on a continuous basis? (If yes, please provide details.)		☐ Yes ☐ No	
Please list the names of and reasons for the medication.			
Has your child been diagnosed for any behavioral, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, Dyslexia)? ☐ Yes ☐ No (If yes, please name the identified challenge and how it is being treated.)			
Please provide the school with a copy of an updated immunization record.			
MEDICAL EMEGENCIES			

- If my child becomes ill while at school, I must pick up my child up or arrange for my child to be picked up from school.
- In the event there is an emergency involving my child and the school is unable to contact me or my emergency contacts, I hereby grant Toronto Islamic Academy permission to call a physician, an ambulance or have my child taken to a hospital or urgent care center. I understand and agree that I will be responsible for any expenses incurred under the above circumstances.
- If my child is required to take prescription medication at school, I will provide documentation requesting such. I understand that school staff will only administer prescribed medication when written permission is submitted to the school by the parent.

_____   _____

      Signature of Parent/Guardian   **Date**