



SASKATOON
CHRISTIAN SCHOOL

HEALTH INFORMATION FORM

One form/student

School Year (YYYY-YYYY): _____

Complete this form if your child has a medical or health condition that includes, but is not limited to, conditions that would cause fainting, seizures, severe anxiety, behavioural concerns or a diagnosis such as ADHD or Autism. This information assists staff in understanding your child and providing the best possible care when a concern arises.

STUDENT INFORMATION

Surname:	Given Name(s):
Birthdate (YYYY-MM-DD):	Grade:

BEHAVIOUR INDICATORS & INSTRUCTIONS

Behaviour or Medical Need:
Triggers:
Indicators:
Instructions:

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO STUDENT	CELL	HOME	WORK

AUTHORIZATION

I/we do hereby acknowledge that I am responsible to ensure this information is accurate and complete. I authorize Saskatoon Christian School personnel to follow the instructions provided on this form to care for my child.

**SIGN
HERE**

Parent/Guardian Signature:

Date (YYYY-MM-DD):