



Mississauga Christian French School

Medical Form

Student's Name _____

Name of Family Doctor _____ **Tel.** _____

Permission for Hospitalization

In case of emergency, after efforts have been made to contact parents and/or the emergency contacts provided, and no direct contact can be made, I give permission for my child to be transported to the nearest hospital and to receive treatment.
I accept responsibility for the cost of transport and treatment.

Parent/Guardian Signature

Date

Check all that apply

- Asthma
- Diabetes
- Wears Eye Glasses
- Skin Irritations
- Other Medical Concerns – please specify _____
- Daily Medication – please specify _____

Allergies

- Peanut/Legumes
- Milk/Lactose
- Wheat/Gluten
- Chalk
- Latex
- Insect Bites – please specify _____

Specify the severity of conditions, reaction and treatment required:

Is an Epi-Pen Required Yes No If **Yes**, MCFS requires 2 epi-pens