



St. Michael Catholic High School

Student Medical Information Form



This form is to be used for both Physical Education students and student athletes.

Student Information

Student Name: _____ Age on Sept 1st of this year: _____
Health Card No.: _____ Date of Birth: _____
Home Address: _____ Home Phone No.: _____
City/Town: _____ Postal Code: _____
Parent/Guardian: _____ Work No.: _____
Student's Physician: _____ Physician's No.: _____
Emergency Contact: _____ Emergency No.: _____

Basic Medical Information

1. Date of last medical examination: _____
2. Date of last Tetanus immunization: _____
3. List of allergies with urgent details: _____

4. List of prescription drugs, if any: _____

5. a) Does you son/daughter wear a medic alert bracelet/chain/card? **YES** **NO**
b) If so, what does it say? _____
6. a) Does your son daughter wear contact lenses? **YES** **NO**
b) Can he/she play sports without contacts or glasses? **YES** **NO**
7. Please include any other relevant medical information: _____

Signature of Parent/Guardian: _____ Date: _____