International Student Medical Information Form

NEWTON'S GROVE SCHOOL

School Year

			SCHOOL
Student Name	Grade		
Canadian Address			
Health Insurance Carrier			
Physician	Phone		
Is your child currently receiving medication?	🖸 Yes 🔲	No	
Name of medication			
If yes, describe the condition for which it is being given List any		conditions significant t	o your child's well being
Parent /Guardian Permission			
I give permission to Newton's Grove School to administer			
	IAME OF MEDICATION		
to my child NAME OF CHILD	DOSAGE	TIN	ΛE
Signature		Date	
I give permission to Newton's Grove School to administer	Tylenol/Advil to my c ^l	nild as he/she requires.	
Signature	Date		
Emergency Information			
Please give the names of two other persons to contact in	the event of an emerg	gency if you cannot be	reached.
Name	Phone		
Name	Phone		
In the event of an emergency, and I or the above cannot b and administer to my child as they deem necessary.	e reached, I authorize	Newton's Grove Schoo	ol to act on my behalf
Signature	Date		
Pertinent Information			
Parents are advised that despite the inclusion of noise com			
movements may continue to be of concern, occasionally in	itemening with some (or the activities of the sc	