



Fort Chipewyan Alternate Education Program
School Entrance – Health Information Form

Please complete the following Health Information Form as part of your education application process. All information is confidential. Please ensure you complete all required fields and include any requested documentation.

Student's name: _____

Grade: _____

Date of birth: _____

Gender:

- Male
- Female
- Other

Mailing address: _____

City: _____

Province: _____

Postal code: _____

Primary phone: _____

Email: _____

PARENT (GUARDIAN) INFORMATION AND EMERGENCY CONTACT

Name of mother or legal guardian: _____

Primary phone: _____

Name of father or legal guardian: _____

Primary phone: _____

In case of emergency, please provide contact information.

Emergency contact name: _____

Emergency contact primary phone number: _____

STUDENT MEDICAL INFORMATION

To the best of your knowledge, has there been any problems with the following (mark the items where the answer is Yes)?

- Allergies (food, insects, drugs or latex)
- Allergies (seasonal)
- Asthma or breathing problems
- Attention-Deficit/Hyperactivity Disorder
- Behavioral problems
- Developmental problems
- Bladder/bowel problems
- Cerebral Palsy
- Cystic Fibrosis
- Dental problems
- Diabetes
- Head or spinal Injury
- Hearing problems or deafness
- Heart problems
- Hospitalizations (when and why)
- Muscular problems
- Seizures
- Speech problems
- Surgery (when and why)
- Vision problems
- Other: _____

Please provide additional information about items that were marked above:

I would like to further discuss, in person, the health information provided in this form with the school authority:

- Yes
- No

Date: _____

Full name of applicant or parent: _____