



Student Physical or Medical Condition Form

For Current School Year

Instructions

This form must be completed if a physical or medical condition may affect the student's attendance at school. The information in this form is to be reviewed (and confirmed or updated) annually or as the student's physical or medical condition changes. Fields in this PDF form can be input using your computer's keyboard and mouse. **Print prior to signing and dating** the document.

Student Information

Student Legal First Name _____ Student Legal Last Name _____

Alberta Health Care Number (optional) _____ Student CBE ID Number _____

Physical or Medical Condition (to be completed by Parent/Legal Guardian or Independent Student)

Does the student suffer from any of the following that would prevent him/her from participating fully in school programs?

- | | | | | | |
|-----------------------|---------------------------|--------------------------|------------------------|---------------------------|--------------------------|
| Medical Condition(s) | <input type="radio"/> Yes | <input type="radio"/> No | Physical Disorder(s) | <input type="radio"/> Yes | <input type="radio"/> No |
| Emotional Disorder(s) | <input type="radio"/> Yes | <input type="radio"/> No | Illness or Injury(ies) | <input type="radio"/> Yes | <input type="radio"/> No |

Please state the **full particulars** and provide **any special instructions for school staff** in the space below.

Nature of Condition:

Symptoms of the Condition:

Recommended Response to Student Needs:

If the student has a severe allergy and/or requires assistance with administering medication, please complete the following:

- | | | |
|--|---------------------------|--------------------------|
| Severe Allergy Alert Form, completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Request for Assistance to Administer Medication Form, completed? | <input type="radio"/> Yes | <input type="radio"/> No |

Name of Parent/Guardian or Independent Student _____

Signature of Parent/Guardian or Independent Student _____

Date (MM/DD/YYYY) _____

Authorization for Collection of Personal Information

Personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FOIP). This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.