



2850 Bloor St West Toronto ON  
416.234.9127

12 Peter St South Mississauga ON  
905.891.6912

### MEDICAL INFORMATION

CHILD'S NAME \_\_\_\_\_ Male  Female

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ OHIP NO \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ TEL NO. \_\_\_\_\_

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES?

Measles  Mumps  German measles  Whooping Cough  Chicken Pox

Please list any pertinent information regarding the following:

Illnesses or operations \_\_\_\_\_  
Allergies/ Skin disorders \_\_\_\_\_  
Sight or Hearing Impairment \_\_\_\_\_  
Speech Difficulty \_\_\_\_\_

Is there any chronic illness or any other reason why your child may not fully participate in the activities of the school program?  
\_\_\_\_\_

Are there any special nutritional requirements or restrictions?  
\_\_\_\_\_

Is your child currently on any medications? \_\_\_\_\_

Date of last medical check-up \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD**