



(If possible please submit via e-mail **AND** print a hard copy)

# LIFE CHRISTIAN ACADEMY INTERNATIONAL

## HEALTH AND MEDICAL FORM

Family Name \_\_\_\_\_

Students Name	Date of Birth (YYYY-MM-DD)	Health Card Number (no spaces please)	Can Tylenol be administered? (Please indicate dosage in mg)

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Address  Same as above \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Family Doctor \_\_\_\_\_

Address # \_\_\_\_\_ Tel # \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Allergy and/or  
Health History  
Concerns