



MEDICAL FITNESS FORM

Parent/Guardian Consent Form

Policy 418 – Appendix B

School: _____

Name of Child: _____

1. Do you consider your child to be in a state of good health for physical activities?

Yes No

2. Does your child require any type of medication? Yes No

If yes, please list: _____

Can they self administer? Yes No

3. Are you aware of any health conditions?

Heart Condition Yes No *Diabetes* Yes No

Asthma or Respiratory Condition Yes No *Epilepsy* Yes No

Allergies Yes No _____
list pertinent allergies

Others Yes No _____
list other ailments

4. Please list any special diet requirements. _____

5. If you have any concerns regarding your son's/daughter's health, we ask that you assume responsibility for a medical examination prior to this out-of-school experience.

6. Please provide the following information:

Name of family doctor

Doctor's phone number

Saskatchewan Hospital Insurance Number

Other or extended medical coverage

Parent's/Guardian's phone number

Parent's/Guardian's signature

Date