



Student Medical History Form

Student Information (please print)

Student's Full Legal Name: _____

Saskatchewan Health Number: _____

Family Doctor: _____

Phone Number: _____

Address: _____

City/Postal Code: _____

Please list any medical history or conditions that we should know about, including the issue, level of urgency, medication, and what we should do:

Allergies/Food Sensitivities (please list, including severity and whether or not child uses inhalers, etc.):



Medication Administration Form – if applicable

No medication, either over-the-counter (OTC) or prescription will be given to children without the parent/guardian filling out and signing a Medication Administration Form. If your child requires help administering medication (i.e. an epipen), please fill out and sign a Medication Administration Form. In the event of an emergency, PSS staff will first call 911 and then contact the parent/guardian.

Consent to Medical Attention:

In the event of an emergency, where it is not possible, or prudent to contact me first, I consent to PSS staff providing first aid treatment, and/or arranging emergency medical attention as deemed necessary. I agree to pay any costs that may be incurred for such medical attention, including ambulance transport, treatment, medication, etc.

It is Prairie Sky School’s responsibility to contact me, _____,
as soon as possible in case of medical emergency. I can be reached at,
phone # _____, or alternate # _____.

Name of Parent/Guardian (printed): _____

Signature: _____ Date: _____
(dd/mm/yy)