



New Westminster Secondary School

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New Westminster, BC
V3M 3S9

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HEALTH INFORMATION

STUDENT'S SURNAME: _____ GIVEN NAME: _____

DATE OF BIRTH: _____ YEAR MONTH DAY MALE FEMALE GRADE: _____

PARENT/GUARDIAN(S): _____

CONTACT PHONE #S: MOTHER'S CELL #: _____ FATHER'S CELL # _____

CONTACT PHONE #S: MOTHER'S WORK #: _____ FATHER'S WORK # _____

EMERGENCY CONTACT: _____ PHONE #: _____

DOCTOR'S NAME: _____ PHONE # _____

① MEDICAL EMERGENCY CONDITIONS:

DOES YOUR SON/DAUGHTER HAVE A CONDITION THAT COULD REQUIRE EMERGENCY CARE? (I.E. SEVERE ALLERGIES, DIABETES, SEIZURE DISORDER). IF YES, PLEASE STATE THE MEDICAL CONDITION BELOW. THIS WILL BE USED TO HELP ALERT STAFF TO EMERGENCY CONDITIONS.

② HEALTH CONCERNS:

DOES YOUR SON/DAUGHTER HAVE LESS SEVERE CONCERNS THAT MAY REQUIRE ATTENTION? (I.E. ALLERGIES, ASTHMA, MIGRAINES, VISION PROBLEMS, HEARING LOSS). IF YES, PLEASE STATE THE HEALTH CONCERN BELOW.

③ MEDICATIONS:

IS YOUR SON/DAUGHTER ON ANY MEDICATION? YES NO

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY:

ENROLLMENT DATE: _____ COUNSELLOR: _____ STUDENT #: _____