Administrative Procedure 260 - Form 260-3

Health Certification And Parents/Guardians Waiver

NOTE: You may wish to provide supplemental instructions or make alterations to allow easier usage of forms such as this by ESL Parents.

Name of Student:	Date of Diffi.		Home Phone:
Name of Parent/Guardian:			Business Phone:
Other Emergency Contact Name:			
Family Doctor:	Doctor Phone:	Doctor Add	ress:
Medical Insurance Plan Number:			
Medical/Allergy Alert:			
Student has received the regular ir diphtheria, typhoid, smallpox and		nistered in Alberta scl No	nools, ie., tetanus and
In case of emergency, I hereby giv treatment for my child. Parent/Guardian Signature:	ve permission to the physicia	an selected by the sch	ool to provide necessary
Please check the category or extra	curricular activities and inc	lividual sports below	he/she can take part in:
Aquatics	Curling		Scuba Diving
Can Student Swim?	-		
Yes No	Cycling		Skiing (Alpine)
Badminton	Field Hoc	key	Skiing (Cross Country)
Ball Hockey	Floor Hoc	key	Soccer
Baseball/Hardball/Softball	Football*	(Touch or Flag)	Track & Field
Basketball	Golf		Wrestling*
Broomball	Hiking		Volleyball
Camping	Rugby		Other Activity Listed Below
Cross Country Running	All Activi	ities Listed	

All activities with an asterisk * must have a doctor's certificate.

Please note any health problems, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation in the outdoor program:

PREVIOUS INJURIES: (sprains, strains, fractures, torn muscles, ligament injuries, dislocations) If yes, check below and describe:

Skull:	Fracture	Upper Arm
	"Knock Outs" or concussions	Elbow
		Forearm
Face Injury:	Eye	Wrist
	Ear	Hand
	Nose	Pelvis
		Hip
Spine:	Neck	Upper Leg
	Lower Back	Lower Leg
	Shoulder	Ankle
		Foot
		Chest and Ribs
		Abdominal (Stomach)

REMARKS:

PREVIOUS SURGERY:

Student is subject to:

Asthma	Ear Ache	Fainting
Tonsillitis	Eye Infection(s)	Sensitive Skin
Sinus Trouble	Frequent Colds	Nightmares
Bronchitis	Sleepwalking	Convulsions
Headaches	Bed Wetting	Kidney Problems
Nosebleeds	High Blood Pressure	Motion Sickness
Wears Contact Lenses		

Allergies (describe):

Other:

Medications I would like my child to be given:

Name of Medication(s):

Purpose of Medication:

I/WE are satisfied that our son/daughter is in good health to take part in strenuous activities. They have my permission to participate in the extra curricular activities and sports indicated above and conducted by:

I/WE also agree with the need to have our son/daughter examined by a physician following an illness or injury to re-establish the bill of good health; this or any other medical examination is my sole responsibility.