

# South Calgary Community Preschool

Jesus said "Let the children come unto me..." Matthew 19:14

**Owned and Operated by South Calgary Community Church**

2900 Cedarbrae Drive S.W. Calgary, Alberta T2W 3S9 403.281.6755

WEBSITE: [www.sccpreschool.ca](http://www.sccpreschool.ca)

## MEDICAL HISTORY FORM

CHILD'S LEGAL NAME \_\_\_\_\_

Date of Birth: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Gender (Circle): M / F

Alberta Health Care Number: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Have you chosen to have your child immunized? Yes  No

Does your child have any allergies? \* Yes  No

If yes, please explain what they are and your child's typical reactions?

**\*If this is a dangerous, life-threatening allergy, a Severe Allergy Alert Form must also be completed by parent/guardian.**

Does your child have any dietary restrictions? (please specify):

Is your child receiving any on-going daily or emergency medications? Yes  No  If yes, please specify:

Would this medication be needed during preschool hours? \* Yes  No

**\* The Medical Consent Form must be filled out if medication is or may be needed during preschool hours. \***

Will any medication (ex. EpiPen) be left in the classroom? Yes  No  If yes, please note details:

**\* The Medical Consent Form must be filled out if medication is or may be needed during preschool hours. \***

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Does your child have any medical or emotional conditions requiring treatment or supervision?

Yes  No  If yes, please explain:

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Please list any injuries your child has had:

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Has your child been hospitalized? Yes  No  If yes, please specify:

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Does your child have any special needs? Yes  No  If yes, please specify:

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Do you have any concerns about your child's development? Yes  No  If yes, please specify:

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Any other relevant health information about your child (past or present):

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I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member of South Calgary Community Preschool certified in First Aid. I also give permission for my child to receive emergency medical services, if needed, and/or for my child to be transported by ambulance to an emergency centre for treatment, and agree to hold South Calgary Community Church or any of its directors, teachers, or employees, harmless. I understand that the cost of any emergency transportation is my responsibility, not the responsibility of South Calgary Community Preschool.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**PLEASE NOTE:** All information must be completed in FULL. Please indicate N/A to questions that do not pertain to your child.