MAPLE LEAF INTERNATIONAL SCHOOL

mapleleaf-school.com

Alyce Heights Drive, Alyce Glen, Petit Valley, Trinidad, W.I.
Tel: 868 632 9578 Fax: 868 633 3068 mlis@mapleleaf-school.com

MEDICAL INORMATION

CONTACT INFORMATION

Student Surname	First Name		Date of Birth
Home Address		City	Home Telephone
Mother/Guardian Surname	First Name	Cell Phone	Work Phone
Father/Guardian Surname	First Name	Cell Phone	Work Phone
Family Doctor Name	Address		Work Phone

OTHER CONTACTS (who may be asked to pick up your child if you are unavailable)

Babysitter Name	Address	Cell Phone
Neighbour Name	Address	Cell Phone
Nearby Relative Name	Address	Cell Phone

HEALTH INFORMATION

Does your child have a health concern that we should be aware of? Y | N If yes, please explain:_____

OTHER		DETAILS AND TREATMENT RESPONSE
Allergies	Y | N	
Seizures/Epilepsy	Y | N	
Asthma	Y | N	
Diabetes	Y | N	
Vision: Glasses	Y | N	
Contacts	Y | N	
Hearing concerns	Y | N	

EMERGENCY AUTHORIZATION

In case of emergency every effort will be made to notify parents or guardians before transporting the child for treatment. In the event that the school is unable to contact a parent/guardian, please sign the following authorization so we may take the necessary action.

I authorize **Maple Leaf International School** to send or take _____ for emergency treatment to:

St. Clair Medical Centre, St. Clair	Y | N	_____
West Shore Medical	Y | N	_____
Other	Y | N	_____

We also agree to reimburse Maple Leaf International School for any or all medical expenses incurred.

_____

Signature of Parent/Guardian | Print Name | Dated