

Additional Information

(Complete only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: Yes No

Does your child suffer from:

SEVERE ALLERGY:

- To Food Yes No
- To insect bites: Yes No
- Other: Yes No

If so, specify: _____

Emergency medication: Yes No Épipen: Yes No

Other : _____

DIABETES: Yes No

Emergency medication: Yes No Specify : _____

Emergency care required, in case of hypoglycaemia, specify: _____

OTHERS: Does your child suffer from any other problems that might require immediate Assistance at school? Yes No

If so, specify: _____

Medical recommendation in case of emergency: Yes No

Specify: _____

I authorize the CLSC nurse to communicate the above information to the school staff that might be required to assist my child in case of emergency.

Signature of parent, tutor, or youth of 14 years or more

Date: _____ / _____ / _____
Year Month Day