



Calgary Board of Education

Student Physical or Medical Condition Form

(Revised: May 12, 2004)

Duty of Care

This form must be completed if a Physical or Medical Condition may affect the student's attendance at school. The information gathered in this form is to be reviewed (and confirmed or updated) annually or as the student's Physical or Medical condition changes.

PART 1 – STUDENT HEALTH INFORMATION (to be completed by Parent/Legal Guardian or Independent Student)

STUDENT NUMBER (CBE ID)		Date
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name

A – PHYSICAL OR MEDICAL CONDITION (to be completed by Parent/Legal Guardian or Independent Student)

Does the student suffer from any of the following that would prevent him/her from participating fully in school programs?

- | | | |
|--------------------|------------------------------|-----------------------------|
| Medical Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Illness or Injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please **state full particulars** and provide **any special instructions for school staff** in the space below:

Nature of the condition:

Symptoms of the Condition:

Recommended Response to Student Needs

If your child has a severe allergy and/or requires assistance with administering medication, please complete a:

Severe Allergy Alert Form

Completed: ☐ Yes ☐ No

Request for Assistance to Administer Medication Form

Completed: ☐ Yes ☐ No

Personal information is collected under the authority of the *School Act* and Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP). This information will be used to respond to the identified medical or physical needs of the student named above. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection and/or its intended use, please contact your school principal or the Specialist, Duty of Care, phone (403) 294-8201, Calgary Board of Education, 515 Macleod Trail SE, Calgary AB T2G 2L9.

Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
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