Emergency Health Profile
School Year 2024-2025

Student Identification

File Number | Group | School

Student's Last Name | Student's First Name

SEX | Date of Birth (YYYY-MM-DD)

Identification of Parental Authority

Parent Responsible: ☐ ☐ Guardian ☐

Last name of parent responsible	First name of parent responsible	Mobile of parent responsible	Email of parent responsible
Last name of parent responsible	First name of parent responsible	Mobile of parent responsible	Email of parent responsible
Last name of guardian	First name of guardian	Mobile of guardiar	Email of guardian

HOME ADDRESS

Civic Number | Type | Street | N, S, E, O | APP. | Postal box

City Municipality | Postal Code | Home Telephone Number

Work telephone of Parent responsible

HEALTH INFORMATION

In order for us to intervene as rapidly and as adequately as possible with your child, we ask that you inform us of all major health problems and of any particular situation that requires specific health care.

No Health Problems ☐

Does your child take medication? Yes ☐ If yes, please specify:

Allergy ☐ Allergic to what? _____

☐ Asthma

☐ Diabetes with insulin

☐ Epilepsy

Pump at school?

Yes ☐ Specify :