

**MEDICAL FORM FOR
INTERNATIONAL STUDENTS
2008-2009**



Mennonite Collegiate Institute
Box 250 Gretna, Manitoba
R0G 0V0
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Instructions for parents:

Please complete this form and mail it directly to: **Admissions Office, Mennonite Collegiate Institute, Box 250, Gretna, MB R0G 0V0**. The form will be used by staff and medical personnel to deal with medical problems should they arise at school. Please include a copy of immunization record.

Student s Name: _____ Birthdate: _____ / _____ / _____
Year Month Day

Father s Name: _____ Mother s Name _____

Phone (Home): _____ (Home): _____

Phone (Work): _____ (Work): _____

Address: _____

If you have health insurance that will cover basic medical or hospital treatment while you are in Canada, please indicate the following:

Name of Insurance Company or Plan: _____

Address: _____ Phone: _____

Policy Number: _____

1. What remedies do you use at home for:
 - a. Colds _____
 - b. Flu _____
 - c. Other common ailments: _____

2. Are any over-the-counter drugs not safe to be used for your child? (e.g. aspirin, Tylenol, cough syrup)? Please give brand names.

3. If he or she has any allergies, give details and indicated the dosage of any medication taken.

4. If he or she requires a special diet, please describe it. _____

5. If the applicant is unable to participate in the regular physical education program, please give details. _____

6. If your son or daughter is presently on any prescribed medication, please identify the medication and the dosage. _____

7. If she has any menstrual irregularities, or accompanying problems such as severe cramps, please comment. _____

8. If he or she has been under a physician's care, or received prescribed medication within the last year, please give details. _____

9. If the applicant has received any professional care due to emotional or psychiatric concerns, please explain. _____

10. Please provide any other medical information about the applicant of which the school should be aware. _____

11. In case of emergency, do you grant MCI staff permission to take your son or daughter to a hospital or clinic? Yes _____ No _____

Parent's Signature

Date