



BASELINE HEALTH OR MEDICAL CONDITIONS

Please describe any pre-existing health or medical conditions which your child has which may exhibit similar symptoms to those on the Covid-19 list. This will help us determine whether a symptom is "normal" for your child or something on which we need to take immediate action.

It is helpful to know, for example, if your child regularly experiences headaches when hungry, stomach aches if anxious, runny nose due to allergies and so on.

Scan and email this form back to the office before the start of school.

Note: We require one form per child

Student's Name & Grade: _____

Date of birth: _____

Health Card Number: _____

Emergency contact & phone: _____

Alt. Emergency Contact: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Pre-existing Conditions	Symptoms & Frequency

Parent's Name

Signature

Date