

**MEDICAL FILE**

Dear Parent,

In order to help our team better welcome your child, we please ask that you carefully fill out this questionnaire. **All fields must be completed and this document must be signed and returned to your child's caregiver** (teacher, daycare monitor etc.)

We thank you for your collaboration.

**GENERAL INFORMATION**

CHILD

Last name: First name:

Date of birth: (\_\_\_\_\_\_m/\_\_\_\_\_\_d/\_\_\_\_\_\_y) Gender: 🔾 M 🔾F Age:

Heath insurance number (obligatory) : Expiration date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN

Last name: First name:

Telephone - Home: ( ) Telephone - Work: ( )

Telephone – Other: ( ) E-mail address :

EMERGENCY CONTACT

Please provide contact information for two parent(s) and/or friend(s) with whom our team may communicate with in the case of your absence.

Name 1: Relationship:

Telephone - Home: ( ) Telephone - Work: ( )

Name 2: Relationship:

Telephone - Home: ( ) Telephone - Work: ( )

Allergies/asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent information, if necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian signature Date