

Hockridge Trade School Ltd.
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Hockridge Trade School Ltd.
Student Medical Form

TO BE COMPLETED BY STUDENTS ENROLLED IN HOCKRIDGE TRADE SCHOOL LTD.

Please complete this form for medical purposes only.

Student's Name:

(Surname)

(Middle Name)

(Given Name)

Date Of Birth:
Phone:

Health Card (6 Digit):

Gender:

SIN:

Health Card (9 Digit):

Alternative Phone:

Address:

Town/City:

Province:

Postal Code:

ALLERGIES: (Please List All)

Does the student require: (A) EpiPen YES NO B) Inhaler YES NO C) ANY MEDICATION CURRENTLY TAKEN: (Type of medication and time of administration)

EMERGENCY CONTACT INFORMATION

Primary Contact Name:

Phone:

Work Phone:

Relationship to Student:

Alternative Phone:

Secondary Contact Name:

Phone:

Work Phone:

Relationship to Student:

Alternative Phone:

Family Doctor: _____

Phone: _____

Student's Name (Print): _____

Student's Signature: _____

Date: _____