



Sunrise School Division

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Web Site: <http://www.sunrisesd.ca> Toll Free: 866-444-5559

STUDENT MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION *(Please provide 2 contacts [in home country](#))*

Surname	First Name	Relationship or Agency Name	
Street Address			
City	Province/State	Country	Postal Code
Telephone Number (include country & city code)	Fax Number (if applicable)		E-mail address (if applicable)

Surname	First Name	Relationship or Agency Name	
Street Address			
City	Province/State	Country	Postal Code
Telephone Number (include country & city code)	Fax Number (if applicable)		E-mail address (if applicable)

MEDICAL HISTORY

1. Previous surgery and/or serious illness (with dates):

2. Fractures sustained (with dates):

3. Drug allergies: _____

4. Other allergies: _____

