

# SEMINARY OF CHRIST THE KING

## STUDENT HEALTH POLICY

SEMINARY OF CHRIST THE KING • PO BOX 3310 • MISSION, BC • V2V 4J5 • PHONE: 604-826-8715 • FAX: 604-826-8725

### Student Health Information

(To be completed and signed at the beginning of each school year)

Rector: Father Peter Nygren osb

**Emergency Alert: YES NO**

Students Full Name (please print) \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Known Medical Conditions Requiring Attention: \_\_\_\_\_

Name of a Parent (s) \_\_\_\_\_

Parents' Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Other(s) \_\_\_\_\_

Family Doctor's information: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent's Signature of Verification: \_\_\_\_\_ Date Signed \_\_\_\_\_

**Photo Copy of Health Coverage Card if from outside of British Columbia:**