



**PYTHAGORAS ACADEMY**

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**SUMMER SCHOOL MEDICAL FORM 2018**

**STUDENT INFORMATION**

Applicant's Legal Last Name: \_\_\_\_\_ Applicant's Legal First Name: \_\_\_\_\_

Sex: Female  Male  Date of Birth: (M) (D) (Y): \_\_\_\_\_

Emergency Contact (1): \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INSURANCE**

Local Student:  
Care Card Number: \_\_\_\_\_

International Student: (Photo copy of the policy submitted before camp starts)

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL ALERT**

Have you had or do you currently have? (Choose all that apply)

Seizures/Black Problems  Neck Problems  Heart Problems  Fainting Spells  Asthma  Nose Bleeds

Have you had any of the following in the last year? (Choose all that apply)

Head Injury  Overuse Injury  Major Surgery  Fractures

Please list any allergies that you may have: \_\_\_\_\_

Please list any medication currently being used: List any other problems/important information that could jeopardize safety: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_