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ST. SAHAG ST. MESROB ARMENIAN SATURDAY SCHOOL
920 Progress Avenue, Scarborough, ON, M1G 3T5

HEALTH FORM

Student's Name: _____ Date of Birth: _____

Student's Home Address: _____

Parent(s)/Guardian(s) with legal custody to be contacted in case of illness or injury:

Name 1: _____ Relationship to Student: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email: _____

Name 2: _____ Relationship to Student: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email: _____

Additional contact in the event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Student: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email: _____

Allergies: Please list all allergies (foods, medicine, insect stings, hay fever, etc.)

Diet / Nutrition: Please indicate if student has special food needs (please describe)

Restrictions: Please state in detail if the student **cannot participate** in the activities as described in the daily schedule.

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all activities except as noted by me.

Signature of Parent/Guardian: _____ Date: _____