



# Malaspina High School

## Student Profile for Canadian Students

Please complete this profile, sign and return it along with your application for studies, participation agreement, and residency form. **PLEASE PRINT CLEARLY.**

### PERSONAL

Name: \_\_\_\_\_ Male:  Female:  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Month/ Day / Year  
Phone (H): \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Lives With: Both  Father  Mother

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Brothers or Sisters: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

### MEDICAL INFORMATION

- *If you have any health problems and require medication you must bring a letter from your doctor explaining the problem and medication required.*
- *If there are certain medical procedures that are unacceptable to you for religious or other reasons, please attach a signed and witnessed medical directive along with a copy of your Care Card (MSP) and Birth Certificate.*

Your doctor's name: \_\_\_\_\_

Clinic (name & address): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Do you take medication? Yes  No

What kind? \_\_\_\_\_ How often? \_\_\_\_\_

Are you allergic to any medications? Yes  No

Please explain \_\_\_\_\_

Do you have any other allergies? Yes  No

Please explain \_\_\_\_\_

Do you have any special medical conditions or needs? Yes  No

Please explain \_\_\_\_\_

Do you get motion sickness when you ride in cars or buses? Yes  No

**EMERGENCY CONTACTS**

Please tell us who to contact in case of an accident or medical emergency.

|  |                   |  |                   |
|--|-------------------|--|-------------------|
| Name:<br>Address:<br><br>Phone Number:<br>Relationship to you: | <u>Contact #1</u> |  | <u>Contact #2</u> |
|  |                   |  |                   |
|  |                   |  |                   |
|  |                   |  |                   |
|  |                   |  |                   |

|  |                   |  |                   |
|--|-------------------|--|-------------------|
| Name:<br>Address:<br><br>Phone Number:<br>Relationship to you: | <u>Contact #3</u> |  | <u>Contact #4</u> |
|  |                   |  |                   |
|  |                   |  |                   |
|  |                   |  |                   |
|  |                   |  |                   |

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Student Signature**

The information on this form is collected under the authority of the College and Institute Act. The information provided will only be used for medical information and to assist us in the event of an emergency. If you have any questions about the collection and use of this information, contact Keith Watson, Principal, Malaspina High School (250) 740-6317

Please complete and return to:

Principal  
Malaspina High School  
900 Fifth Street, Building 350  
Nanaimo, B.C. Canada V9R 5S5

fax: (250) 740-6470 phone: (250) 740-6317  
email: [highschool@viu.ca](mailto:highschool@viu.ca)