



MANITOBA INSTITUTE OF
TRADES AND TECHNOLOGY

HEALTH INFORMATION

NAME

Family Name

First Name

Middle Initial

ADDRESS

Street Address

City

Province

Postal Code

TELEPHONE

Home Phone #

Work Phone #

Cell Phone #

EMERGENCY CONTACT INFORMATION

Please provide the names of two people we can contact in case of an emergency.

1. _____
Family Name

_____ | _____ | _____
First Name | *Relationship*

_____ | _____ | _____
Home Phone # | *Work Phone #* | *Cell Phone #*

2. _____
Family Name

_____ | _____ | _____
First Name | *Relationship*

_____ | _____ | _____
Home Phone # | *Work Phone #* | *Cell Phone #*

HEALTH INFORMATION

Student's Doctor

Doctor's Phone #

Family Manitoba Health Registration #: _____ (6 digits)

Personal Manitoba Health ID #: _____ (9 digits)

Do you have any health problems? Yes No **If yes, what are they?**

Do you have a life-threatening allergy? _____ Yes No

If yes, what is it? _____

If there is a medical emergency, College policy states that students will be transported, at their own expense if applicable, to the nearest hospital emergency room. The College will try to call the person(s) you listed in the "Emergency Contact Information".

Student Signature

Date