



School: \_\_\_\_\_  
2006~2007

### Emergency/Health Information Form

Please verify that the following information is accurate and indicate any necessary changes. Please note that if the administering of medication (PRESCRIPTION DRUGS ONLY) is required during school hours, a release form must be obtained from the office, completed and signed before any medication WILL BE administered. MEDICATION SHOULD BE DROPPED OFF AT THE SCHOOL BY A RESPONSIBLE ADULT. Call the school for further information.

#### SECTION 1 – STUDENT INFORMATION

HEALTH INSURANCE NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE (SEPT. 30) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME) : \_\_\_\_\_ PERMANENT CODE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

#### SECTION 2 – PARENTAL INFORMATION

FATHER'S NAME: \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

ADDRESS / TEL.# IF DIFFERENT FROM STUDENT \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

ADDRESS / TEL.# IF DIFFERENT FROM STUDENT \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### SECTION 3 – GUARDIAN INFORMATION

(Complete only if the child is in the care of someone other than their biological parent(s) – this may include step father/mother.)

GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME) : \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

#### SECTION 4 – BABYSITTER INFORMATION / TRANSPORTATION INFORMATION

BABYSITTER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

My child is picked-up from the babysitter in the A.M. :  YES  NO A.M. BUS# \_\_\_\_\_

My child is picked-up from the babysitter in the P.M.:  YES  NO P.M. BUS# \_\_\_\_\_

My child attends the school daycare in the  A.M.  P.M.

#### SECTION 5 – EMERGENCY CONTACT(S)

If the parents cannot be reached, please list below who to contact in case of an emergency, early school closing or bus problems – either a neighbour, family member or friend.

NAME: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

#### SECTION 6 – HEALTH INFORMATION (Use the reverse side of this form to provide further details if necessary)

FAMILY DOCTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE INDICATE ANY MEDICAL RESTRICTIONS (ALLERGIES, PHYSICAL DISABILITIES): \_\_\_\_\_

DOES YOUR CHILD REQUIRE MEDICATION ON A REGULAR BASIS? (SPECIFY) \_\_\_\_\_

In the event of an emergency requiring medical treatment and neither parent can be contacted, I authorize the responsible person at the school to arrange for the transportation of my child to the nearest medical facility to have him/her examined and treated if necessary.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_