

SIBLINGS	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (dd-mmm-yyyy)	_____	_____	_____	_____
School Attending	_____	_____	_____	_____

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____ Unlisted

Place of employment: _____

Business Phone: _____ Ext. _____

Cellular Phone: _____ Unlisted

Can this contact person pick up the student? Yes No

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____ Unlisted

Place of employment: _____

Business Phone: _____ Ext. _____

Cellular Phone: _____ Unlisted

Can this contact person pick up the student? Yes No

EMERGENCY PREPAREDNESS CONTACT

Last Name: _____ First Name: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____ Unlisted

EMERGENCY PREPAREDNESS BILLET

Last Name: _____ First Name: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____ Unlisted

MEDICAL INFORMATION

Care Card No: _____ - _____ - _____ Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition: Yes No **Letter of authority to administer medications on file.** Yes No

If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.

The life-threatening health conditions that apply to this student are: _____

MEDICATION TYPE

RELEASE OF INFORMATION/PARENTAL AUTHORITY

I Permit:

- my child's name and/or photo to be used in any school publications including web pages for the Internet.
- my child to be included in any media coverage of a school event.
- the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purposes of school related communications.
- my child to participate in local field trips.
- my child to access the Internet in support of their education as per Policy #4050 – *Computer and Internet Usage and Access.*

AND ACKNOWLEDGE:

- that schools have the obligation and right to share demographic information with Provincial Health and Social Service agencies.
- that schools have the responsibility to investigate all threat making behaviour.

Note: If you take exception to any of the above, please discuss your objections with the principal.

_____ Parent/Guardian Approval _____ Date _____

I certify that the information I have provided on this form is correct:

_____ Signature of Parent/Guardian _____ Date _____