

Parent/Guardian Information (Business information is mandatory for at least ONE parent)

Mother's Name/Guardian: Mrs., Ms., Dr. _____
family name given names

Home Address: same as child _____

City: _____ Province: _____ Postal Code: _____

Cellular Tel: _____ Bus. Tel: _____

Business Name: _____

Business Address: _____

Email: _____

(An email address is needed for communication with the school; most information will be sent via email.)

Parent/Guardian Information

Father's Name/Guardian: Mr., Dr. _____
family name given names

Home Address: same as child _____

City: _____ Province: _____ Postal Code: _____

Cellular Tel: _____ Bus. Tel: _____

Business Name: _____

Business Address: _____

Email: _____

(An email address is needed for communication with the teacher; most information will be sent via email.)

Are there any legal orders or agreements pertaining to custody/access of the child? Yes No

If there are any restrictions in terms of custody or access, please attach the legal documents that set out these restrictions.

Emergency Information: (Names of persons other than parents/guardians)

Emergency Contact Name: _____ Telephone #: _____

Relationship to child: _____

Emergency Contact Name: _____ Telephone #: _____

Relationship to child: _____

Emergency Contact Name: _____ Telephone #: _____

Relationship to child: _____

Name of persons to whom your child may be released to: same as above

Name: _____ Name: _____

Telephone #: _____ Telephone #: _____

Alternate Tel. #: _____ Alternate Tel. #: _____

STUDENT'S MEDICAL INFORMATION

Student Name: _____
Family name Given names

1. Is your child up to date with all required vaccinations as outlined by York Region Public Health?
 Yes No (If no, please explain) _____
2. Does your child take medication on a regular basis? No Yes
Please list drug and dosage: _____
(A medical consent form is to be kept in student's file)
3. Does your child wear glasses? No Yes
4. Does your child require a hearing aid? No Yes
5. Does your child have any allergies, if food please be specific?
 No Yes, Explain: _____
6. Is your child anaphylactic? (If yes, please ask office for appropriate forms)
 No Yes, Explain: _____
7. Does your child carry an EPI-PEN?
 No Yes, Explain: _____
(An emergency medical consent form is to be kept in student's file)
8. Does your child have any medical conditions? (i.e.: asthma, diabetes, etc.) (If yes, please ask office for appropriate forms) No Yes, Explain: _____
9. Does your child have any health or religious dietary restrictions?
 No Yes, Explain: _____
10. Has your child had any communicable diseases such as chicken pox, mumps, etc?
 No Yes, Explain: _____
11. Does your child have any behavioural issues that we should be aware of?
 No Yes, Explain: _____

Health Card Information: (if not provided medical care may be refused by medical clinic)

Card #: _____ Version Code: _____

Expiry Date: _____
(yyyy/mm/dd)

Doctor's Information: (Mandatory)

Doctor's Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone #: _____