

IN SCHOOL SIBLINGS

Last Name _____

First Name _____

Relationship _____

Birthday (DD-MM-YY) _____

Gender _____

EMERGENCY CONTACT INFORMATION

(Other than Parents who are able to pick up the children)

Emergency Contact No. 1

Emergency Contact No. 2

Last Name _____

First Name _____

Relationship _____

Home Phone No. _____

Work Phone No. _____

Cellular No. _____

Last Name _____

First Name _____

Relationship _____

Home Phone No. _____

Work Phone No. _____

Cellular No. _____

MEDICAL INFORMATION

Care Card No. _____

Life-Threatening Illness? Yes No Details _____

Is there a medical diagnosis of Anaphylaxis? _____

Other Health Factors (example: Allergies) _____

Any additional information we should be aware of? _____

Medication(s) to be taken at school? Yes No

If yes, physician form must be on file prior to administering at school.

Protection of Privacy

The information will be used for education program purposes, transportation contractor if a bus student, and when required, may be provided to health services, social services or other support services as outlined. Information collected on this form will be protected under the School Policy.

Parent / Guardian approval: _____

(Signature) Date

School / Administration Notes: