

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Email address: _____

Can this contact pick up the student? Yes No

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Email address: _____

Can this contact pick up the student? Yes No

Before/After School Care: _____ Phone: _____ Cell: _____

Medical Information

CareCard No: _____ - _____ - _____ Family Doctor: _____ Phone: _____

Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition: 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:

- Anaphylactic - Allergen(s): _____
- Asthma that has resulted in hospitalization in the past year _____
- Blood Clotting Disorder (e.g. haemophilia) _____
- Diabetes _____
- Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____
- Serious Heart Condition (e.g. heart murmur, heart repair) _____
- Other Health Conditions which may require emergency care - please specify: _____

Non-life-threatening health conditions:

If the student has a non-life-threatening health condition which may affect his/her ability to function at school, please indicate here:

Medication Administration:

- I request that the student receive assistance with, or be supervised during, medication administration in an emergency.
Please contact school staff to discuss.
- The student requires medications to be administered during school hours for one month or longer.
Please contact school staff to discuss.

Name of Medication(s): _____

Parental Authority for Regular School Journeys

I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.

I prefer to give separate written permission for each field trip that this student will attend.

Signature of Parent/Guardian

Date

Parental Authority for Accessing Electronic Communication Systems
In accordance with Regulation 5131.9 *Student Acceptable Use of Electronic Communications Systems in Schools*,

I grant permission
 I do not grant permission.

I understand that a copy of the regulation is available in the school office.

Signature of Parent/Guardian

Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC). The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.

I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC and to VCPAC . (Check each box to indicate that permission is given for each and then provide a signature below.)

Signature of Parent/Guardian

Date

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

Signature of Parent/Guardian

Date

The information on this form is collected under the authority of the School Act. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your school principal.