



FOR OFFICE USE ONLY

Start Date: _____

Finish Date: _____

EMERGENCY INFORMATION & CONSENT FORM

Child's Name: _____ <small>FIRST NAME MIDDLE NAME(S) LAST NAME</small>	DOB: _____ <small>YYYY / MM / DD</small>
Address: _____ <small>CITY PROVINCE</small>	Postal Code: _____
Parent Name: _____	
Parent Email: _____	
Cell Phone: _____	
Work Phone: _____	
Parent Name: _____	
Parent Email: _____	
Cell Phone: _____	Child's Personal Health Number
Work Phone: _____	_____

Local Emergency Contact: _____	Out of Town Emergency Contact: _____
Relationship to Child: _____	Relationship to Child: _____
Contact Number: _____	Contact Number: _____
Doctor's Name: _____	Dentist's Name: _____
Doctor's Phone: _____	Dentist's Phone: _____
List medical history/conditions: _____	
Allergies? YES or NO If yes: _____	Anaphylaxis? YES or NO If yes: _____
EPI PEN? YES or NO If yes, Expiry Date: _____	List Medications: _____
Immunizations up to date? YES or NO If no: _____	Date of last Tetanus shot: _____

CONSENT

It is school policy to notify a parent when a child is ill or needs medical attention. If we are unable to contact a parent when their child is ill or needs medical attention, our procedure is to call for an ambulance. By signing this consent form, we will be able to take appropriate action on behalf of your child. We will take this consent with us to the emergency centre.

I hereby give consent for my child, _____, to be taken to the nearest emergency centre when I cannot be contacted. I give consent for my child named above to receive medical treatment.

WAIVER

I hereby authorize my child's participation in this program. I know of no mental or physical problems, which may affect my child's ability to participate safely. I consent to such medical treatment of my child in the even of emergency, as the attending physician may advise. I will be responsible for any medical or other charges in connection with my child's treatment or attendance in the program.

SIGNATURE OF PARENT/GUARDIAN

DATE