

Contact & Emergency Information

Please print clearly in blue or black ink

Name: _____ Age: _____ Birthday (MM/DD/YYYY): _____

Grade as of September 2019: _____ School: _____ Gender: _____

Address (incl. unit #): _____

City: _____ Province: _____ Postal Code: _____

Care Card Number: _____

Parent/Guardian's Name: _____ Phone: Home _____ Work/Cell _____

Parent/Guardian's Name: _____ Phone: Home _____ Work/Cell _____

Parent Email: _____

Student Email: _____

Student Cell Phone: _____ Can we send text reminders about events? ☐ Y ☐ N

Medical History

Parents, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this information in print on a separate form if needed. Include names of medications and dosages that must be taken if required during any or all Student Ministries events, meetings, classes, outings, camps, etc.

Check the following areas of concern for this student. If necessary, add another page with details:

- For the student's safety and our knowledge, is your student a:

Good Swimmer _____ Fair Swimmer _____ Poor Swimmer _____

- Does the Student have allergies to:

Pollens ____ If so, please describe _____

Medications ____ If so, please describe _____

Food ____ If so, please describe _____

Insect Bites ____ If so, please describe _____

Other ____ If so, please describe _____

- Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma _____ Heart Trouble _____ Diabetes _____ Epilepsy/Seizure _____

Physical Handicap _____ Frequent Upset Stomach _____ Anaphylactic Shock _____ Other _____

Additional Comments: _____
