

Please print clearly – one page per student

CHILD NAME: _____ Date of Birth: _____

Sir John A MacDonald Public School Trent River Public School Frankford Public School St Michael's Catholic School

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City: _____ City: _____

Postal Code: Ontario, _____ Postal Code: Ontario, _____

Phone (Home): _____ Phone (Home): _____

Place of work: _____ Place of work: _____

Work Address: _____ Work Address: _____

Phone (Work): _____ Phone (Work): _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACT(S) * whom the child may be released *

(Persons to be contacted if unable to reach parent must be available to pick up if necessary)

Name: _____ Name: _____

Phone (Home): _____ Phone (Home): _____

Phone (Work): _____ Phone (Work): _____

Allergies and/or Special Medical or Additional Info:

Previous History of Communicable Disease / Conditions as Reportable to the Health Unit:

X _____

Parent Signature

Date

Additional Consent:

I understand the Hastings County Before & After School Program and Hastings and Prince Edward District School Board School staff work in partnership, therefore on occasion, information may be shared. This may include, but is not limited to, how your child's day was, if they got hurt, any behavior issues or any changes in their overall well-being. Please be assured that any information shared will be held in strict confidence.

Initial

OFFICE USE ONLY

Date of Admission:

Date of Discharge: