Souvenir Elementary School Daycare
2017-2018

Emergency Health Form

Student's family name, first name: ________________________________Level: ______

Adress: ____

No. Street City Postal code

Sex: F ☐ M ☐

Date of birth: ____/_____/_____ Medicare: | | | | | | | | | | | | |

Year Month Day

Expiry date: _______/______

Year Month

The child lives with: ☐ mother/father ☐ mother ☐ father ☐ joint custody ☐ guardian

Father's name:_________________________ ☎ Home:_________ ☎Other(off/cell./pager)____________

Mother's name:________________________ ☎ Home:_________ ☎Other(off/cell./pager)_____________

Guardian's name:______________________ ☎ Home:_________ ☎Other(off/cell./pager)_____________

⇘ If there is an emergency and the parents or guardian cannot be reached, contact the following people:

1st person to contact	2nd person to contact
Family name/First name:______________________	Family name/First name:______________________
Relationship:______________________	Relationship:______________________
☎ (1)____________________________________	☎ (1)____________________________________
☎ (2)____________________________________	☎ (2)____________________________________

Please ENSURE YOUR CHILD KNOWS WHAT TO DO AND WHERE TO GO once off the bus in case of an EMERGENCY daytime school closure du to unforeseen circumstances.

▸Does your child have a chronic health problem **that will not require an emergency intervention** at school?

⇘ If yes,⇨ specify: ____

____

▸ To ensure your child's safety, the school must be informed or any health problems that **may require emergency intervention at the school (e.g.: severe allergy to certain foods or insect bites, diabetes, etc.)**

⇘ **If your child has such a problem, <u>PLEASE ANSWER THE QUESTIONNAIRE ON THE BACK OF THIS PAGE</u>** ⇘

I authorize the information appearing on this form to be forwarded, if necessary, to the school staff and nurse, who may be required to intervene in case of an emergency involving my child.

_________________________________ _____________________________

Signature of parent or guardian date

PLEASE <u>NOTIFY THE SCHOOL</u> OF ALL CHANGES DURING THE COURSE OF THIS SCHOOL YEAR.

Child's name: ______________________________

Informations
Emergency health

DOES YOUR CHILD HAVE

	Yes	Specify
√ **SEVERE ALLERGIES:** ▸ Food	☐	____________________
▸ Insect bite (do not include localized reactions)	☐	____________________

Prescribed medication: Yes ☐ Name? ______________________________

√ **DIABETES:** Yes ☐ Specify: ______________________________

Prescribed medication: Yes ☐ Name? ______________________________

√ **OTHER:** Does your child have another health problem that could **require an emergency intervention at school ?**

Yes ☐ Specify: ______________________________

Prescribed medication: Yes ☐ Name?: ______________________________

Comments:
____
____
____
____
____