

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 \_\_\_\_\_ Date

Parent Signature

**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: \_\_\_\_\_