

EMERGENCY AND MEDICAL INFORMATION

Richmond Regional High School

This record will give us basic information on your child and will allow us to intervene rapidly and appropriately in the event of school closing or other emergency. **This record is valid for one year, and will be destroyed at the end of the school year.**

School Year: 2017-18

STUDENT

Name _____ Level: _____ Homeroom: _____

Home Address: _____ Mother tongue: English French Other _____

_____ Postal Code: _____ ☎ # _____

Date of Birth: _____/_____/_____ STUDENT CELL # _____
Day Month Year

Person(s) legally responsible for child: Both Parents Mother Father Shared custody Guardian

LOCKER NO. _____ COMBINATION _____ Location: Red House Green House Blue House

PARENTS/GUARDIANS

Father/Guardian _____
Surname

Mother _____
Maiden Name

_____ First Name

_____ First Name

Address (If different than child's)

Address (If different than child's)

☎ Home _____

☎ Home _____

☎ Cell _____

☎ Cell _____

☎ Work _____

☎ Work _____

Email _____

Email _____

TRANSPORTATION

Transportation: Walker Student Vehicle Transported by Parent ETSB Transportation

Other _____

We strongly suggest that you purchase an insurance policy to cover the expenses that might occur if your child is injured while playing, participating in sports or field trips, etc. at the school.

Please complete other side

EMERGENCIES

2017-18

In the case of an emergency please indicate the name and address of the person whom you wish us to contact if we are unable to reach the parent or guardian. **(Two names are required)**

1. _____
(Name & Address)
☎ # _____ Relationship to child: _____
2. _____
(Name & Address)
☎ # _____ Relationship to child: _____

Should the school be required to close during school hours, please select the emergency procedure we should use for your child:

- My child may be sent home.
 My child has permission to go to _____'s house. **(This must not involve a change of bus)**
 My child will wait at the school to be picked up by _____ (name of person)

I have explained these arrangements to my child(ren). No Yes

MEDICAL INFORMATION (please provide all information)

Allergies: No Yes (please specify) _____

Are the Allergies Life Threatening? No Yes (please specify) _____

Medication: No Yes (please specify) _____

Student's Medicare Card #: _____ Expiry date _____

Is there any reason that your child cannot take part in any physical education class? No Yes *(If yes, a medical certificate is needed for any exemption from the physical education course)*

Other health problems: _____

I authorize the school to transmit, for the current school year, the information concerning my child's health to the CLSC nurses.

Yes No

Please initial

In the event of an emergency or sudden illness, I authorize the school personnel to provide first aid to my child and to ensure that he/she receives emergency care if the parents/guardian cannot be contacted. In the case of an emergency, transportation costs, if any, will be at the parents' expense.

Yes No

Please initial

During the course of the school year, students are occasionally videotaped, recorded and/or photographed. If these images or work are used for print and web sites the School Board is required to obtain consent. I hereby release the school and the School Board from any liability or damages resulting from or connected with the publication of photos, video or audio taping of my child.

**PARENT/GUARDIAN
SIGNATURE**

FOR PEDAGOGICAL PURPOSES: School activities (during class time) supervised according to ETSB guidelines may occur outside of school grounds at no cost to the parents.
I hereby give my child permission to take part in these activities organized by the school.

**PARENT/GUARDIAN
SIGNATURE**

Parent/Guardian: _____ (Please print) Father Mother Guardian

Signature: _____

Date: _____
Year Month Date