

MEDICAL INFORMATION

Alberta Health Care Number: _____

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

Allergies yes no **If yes, specify:** _____
Language difficulties yes no **If yes, specify:** _____
Epilepsy yes no
Other yes no **If yes, specify:** _____

Please indicate if your child needs a:

ASTHMA / INHALER: Yes No **EPIPEN:** Yes No **MEDICATION:** Yes No

If yes, you must complete and sign the **Request to administer medication or medical care Form**. See **Appendix D**.

Is the vaccination program up to date? Yes No

Please provide any other information regarding the health and safety of your child:

I have completed and joined the Request to Administer Medical Care In Case Of Emergency Form.
 See **Appendix C. (REQUIRED)**

PARENT(S)/GUARDIAN(S)

The student resides with: Mother and Father Mother Father Guardian Other

_____ **Telephone:** _____ / _____ / _____
 NAME OF **MOTHER/LEGAL GUARDIAN** home work cell

Mailing Address of Mother/Legal Guardian: _____
 Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ **Email*:** _____
 (*See Appendix E)

_____ **Telephone:** _____ / _____ / _____
 NAME OF **FATHER/LEGAL GUARDIAN** home work cell

Mailing Address of Father/Legal Guardian: _____
 Street # or PO Box City or Town Province Postal Code

Legal description of residence: _____ **Email*:** _____
 (*See Appendix E)

LANGUAGES SPOKEN

Language(s) spoken by the mother: French English Other(s), specify: _____
 Language(s) spoken by the father: French English Other(s), specify: _____
 Language(s) spoken by the child: French English Other(s), specify: _____
 Language(s) spoken in the home: French English Other(s), specify: _____

OTHER EMERGENCY CONTACT(S) Please identify at least one emergency contact:

_____ **Telephone:** _____ / _____ / _____
Full Name of contact person home work cell

RELATIONSHIP TO STUDENT: _____

PHYSICAL ADDRESS, INCLUDING LEGAL DESCRIPTION OF RESIDENCE: _____

REQUEST TO ADMINISTER MEDICATION OR MEDICAL CARE

The personal information on this form is collected under the terms of section 33 c) of the Freedom of Information and Protection of Privacy Act (FOIPP). This information will be used only for the administration of medical care as described below. If you have any questions concerning the collection or use of this information, please contact the Treasurer of the Conseil scolaire du Nord-Ouest at 780-624-8855.

INFORMATION

Student Name: _____ Date of Birth: _____

Health Insurance Number: _____

Designated medical establishment/hospital and/or name and phone number of physician: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name of legal parent(s)/tutor(s) : _____

Legal address: _____

Telephone : Home _____ Work (mother) _____

Cell _____ Work (father) _____

ALTERNATE CONTACT (IN CASE OF EMERGENCY)

Name : _____ Telephone : _____

Legal address : _____

PARENTAL REQUEST

I, _____, authorize the personnel of _____
Name of parent/guardian Name of school

to administer medicine or medical care to: _____
Name of Student

Name of medication	Dose	Frequency
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the school.		

Name of medication	Dose	Frequency
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the school.		

Date

Signature of Parent/Guardian

APPENDIX F- REQUIRED

METHOD OF PAYMENT

Please complete the section for the school in which your child is enrolled.

École Héritage: 4 half days per week / \$800 for the year

The terms of payment for the Registration Fee are:

- Payment in full of \$800 Registration Fee before September 15, 2020.
or
- Minimum payment of \$400 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

I agree to respect the terms of payment of the registration fees.

École des Quatre-Vents: 4 half days per week / \$800 for the year

The terms of payment for the Registration Fee are:

- Payment in full of \$800 Registration Fee before September 15, 2020.
or
- Minimum payment of \$400 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

I agree to respect the terms of payment of the registration fees.

École Nouvelle Frontière: 5 half days per week / \$1,000 for the year

The terms of payment for the Registration Fee are:

- Payment in full of \$1,000 Registration Fee before September 15, 2020.
or
- Minimum payment of \$500 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

I agree to respect the terms of payment of the registration fees.

Name of child

Name of parent / tutor

Date

Signature of parent / tutor