

# Emergency Medical and Contact Information Form 2016 - 2017

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## PRE-SCHOOL PREP

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**PLEASE PRINT**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent or Guardian Names:

(Mother) \_\_\_\_\_  
Name Home Number Cell Number

(Father) \_\_\_\_\_  
Name Home Number Cell Number

**Medical Information**

Care Card Personal Health Number \_\_\_\_\_

Health & Allergy Concerns \_\_\_\_\_

Does your child require extra support for learning? Yes  No  If yes, what type of support does your child need?

Is there anything we should know about your child that would help us to provide a better learning environment at PREP?

Who has permission to pick-up your child from their PREP classes:

Name:	Relationship to Child
_____	_____
_____	_____
_____	_____

**Emergency Contacts**

Name	Phone	Alternate Number
1. _____	(____) _____ - _____	(____) _____ - _____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The information provided on this form will be held in strict confidence and is for the sole purpose of St. Luke's Parish Religious Education Program and will not be shared with other groups/organizations without prior written consent. The information may be shared for medical treatment purposes or to comply with a law enforcement agency in Canada or by court order.

