



EMERGENCY & HEALTH INFORMATION (GUARDIANS DETAILS)

Emergency Contact- (alternative person to contact in case of emergency, if parents are unavailable)

Name

Relationship to child

Home Phone Number

Cell Phone/Other Phone Number

Child's Personal Health (NHIS No./ANY OTHER INSURANCE No.)

Family Doctor

Doctor's Phone

Hospital Name (Apart From Gov't Hospital)

Please list any medical concerns that the school needs to be aware of, including allergies, medications, psychological and /or physical/special needs, and learning disabilities, etc

ALLERGY INFORMATION (Please check application box below)

My child has no allergy My child's allergies are NOT life threatening: He/She is allergic to:

My child's allergies ARE LIFE THREATENING: He/She is allergic to

" If your child suffers from life threatening allergies, it is essential that you complete the school's Allergy Information Form(s) and personally inform you child's teacher. it is the parent's responsibility to provide guidance to the school with respect to the prevention of and treatment of allergic reactions.

Place of Birth

Primary Language(s) spoken at home

Home Address

Home Phone

Mom's Cell Phone

City

Dad's Cell Phone

Email Address

"All contact information must be kept current throughout the year.

Immunization Records

Please provide a photocopy of your child's immunization Booklet confirming your child's dates of immunization. this information is required in order to register your child at this school and assist the school authority in making an informed decision as child's suitability and appropriate placement in the school. it will also allow the school to respond immediately to an emergency. formation you may contact the school's privacy Officer.

Signature of Parent or Guardian

Date

CHILD CUSTODY INFORMATION (If applicable)

Name of parent who legal have custody of child

Custody/ access restrictions (if applicable)

