



Lord Aylmer School

2025-2026 EMERGENCY/HEALTH INFORMATION

Information contained on this health form will be transmitted, if needed, to the nurse and to school staff that may need to intervene in case an emergency should arise with your child. In case of accident or illness, school staff will administer first aid, will ensure the student receives the care needed and will notify the parents as soon as possible. Ambulance transportation fees in case of emergency will be charged to the parents.

Student Information

Printed on: 2025-01-14

Last Name		First Name (usual)		Middle Name
Date of Birth (Y/M/D)	Gender	Grade Level	Health Insurance Number - Expiry	

Adult Responsible: Father Mother Guardian

Father's Last Name & First Name	Email Address
Mother's Last Name & First Name	Email Address
Guardian's Last Name & First Name	Email Address

Address Type of Address: Father and mother Mother only Father only Legal guardian

Street Address	Apt. Number	P.O. Box
City	Postal Code	
Phone # (at home)	Phone # (cell-Father)	Phone # (cell-Mother)
Phone # (at work-Father)	Phone Number (at work-Mother)	

Additional address Type of Address: Mother only Father only Legal guardian

Street Address	Apt. Number	P.O. Box
City	Postal Code	
Phone # (at home)	Phone # (cell-Father)	Phone # (cell-Mother)
Phone # (at work-Father)	Phone Number (at work-Mother)	

Emergency Contact Information

If the parents cannot be reached, please list below who to contact in case of an emergency, early school closing, or bus problems - either a neighbour, family member or friend.

Name: _____ **Day Time Phone Number:** _____

Name: _____ **Day Time Phone Number:** _____

Health Information (Please indicate medical restrictions - Use the reverse side if necessary)

Allergies: Yes No **Please specify:** _____

Does he/she have an Epipen? Yes No **Location of Epipen:** On him/her At Office Daycare

Diabetes: Yes No **Epilepsy:** Yes No

Asthma: Yes No **If yes:** Mild Moderate Severe **Inhaler:** Yes No At School Requires Assistance

Does he/she take any medication? Yes No **Please specify:** _____

Physical Disabilities: _____

Is there any contra-indication for your child to participate in physical education class? Yes No
If yes, a recent medical certificate is required for exemption or limitation in physical activity.

Other Conditions: _____

Please provide the emergency medication as of the first day of school and ensure that it remains valid for the whole school year (take note of expiry date).

Parent/Guardian Signature

Date