



# Lord Aylmer Elementary School

## 2026-2027 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

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