

All fields of information on this page and the Halton Health Immunization form on the following page are requirements for admission. Highlighted areas are mandatory as per the Daycare and Nursery Act. Enter all data as accurately as possible.

Student Name: _____ Male Female

Health Card Number: _____ Date of Birth _____
Month / Day / Year

Communicable Disease History: _____

Child's Overall Health: _____

Are there any specific instructions regarding diet, rest, or exercise? _____

If your child is unable to participate in certain athletic and/or school activities, please comment:

Please comment on your child's social development:

Has your child ever been diagnosed with a speech/cognitive/psychological problem? Yes / No

Comment _____

Has your child ever had his/her hearing or eyes tested? Yes/No _____ Result _____

Does your child have any allergies? Yes/No _____ If yes, please specify: _____

Are your child's allergies severe that he/she is considered anaphylactic? Yes/No _____

Does your child need to keep any medication at school for any medical condition? _____

Name of Physician: _____ Phone No.: _____

Address: _____ Prov. _____ Postal Code _____

Required: Emergency contact information of someone local if parents cannot be reached.

Name: _____ Phone No.: _____

Address: _____ Prov. _____ Postal Code _____

Parent's Consent Form:

In case of emergency resulting from an accident or illness where prompt medical attention is deemed necessary and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Dated: _____ Signature of Parent/Guardian: _____