



Where learning connects the child to the world!

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## MEDICAL INFORMATION

Does your child carry a medic alert? Yes  No  Explain:

Does your child have any allergies? Yes  No  Explain:

Health Number:

Which immunizations are current? MMR  Polio  DPT/DT  Tetanus  None by choice   
(please include a copy of your immunizations records and dates administered)

Family Doctor:

Phone:

Emergency contact in case parent/guardians are unavailable:

Name:

Number:

### **Emergency Medical Attention:**

Do you have special restrictions on the hospital care of your child?

**In the event of an emergency, I \_\_\_\_\_ and I \_\_\_\_\_ give permission for staff at SSCS to seek emergency medical attention and act on my behalf until myself or my child's physician is present. (This includes calling an ambulance if necessary).**

**Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

### **First Aid Information:**

**1) In times of distress, I give permission for staff at SSCS to administer homeopathic remedies:**  
Arnica  Yes  No                      Rescue Remedy  Yes  No

**2)  My child needs the following first-aid/emergency item or medication at school. (Please include instructions):**  
 in the office     with her/him

\*Note: For each medication, we need parental authority to administer, as per Doctor's note. Please see the office for specific form as needed.

**STUDENT TRANSPORTATION WAIVER**

From time to time, students may require transportation in private vehicles for fieldtrips. Your signature below indicates your permission for your child to participate in all on-island fieldtrips (unless you give specific notification otherwise). (Drivers have submitted driver's abstracts; vehicles have a minimum of \$2,000,000 liability; no child will sit in a seat with an airbag; every vehicle is required to have enough functioning seat belts)

I \_\_\_\_\_, do hereby give permission for \_\_\_\_\_ to be transported by private vehicle for field trips throughout the school year.

**Parent Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION FOR NON-PARENT PICK-UP:**

The safety of the children is our number one priority. If a parent or legal guardian will not be picking up their child after school, the school needs to be informed in advance. The following list can be added to by written request from parents.

I, \_\_\_\_\_, hereby give my permission for the below listed individuals to pick up my son/daughter from school in the event that I am unable to do so.

- |           |           |
|-----------|-----------|
| 1.) _____ | 4.) _____ |
| 2.) _____ | 5.) _____ |
| 3.) _____ | 6.) _____ |

If above names need to change, please alert the Office as soon as possible.

**PHOTO PERMISSION:**

I, \_\_\_\_\_, do hereby give permission for Salt Spring Centre School to use pictures of my child(ren) \_\_\_\_\_, for promotional use for the school. I understand that these pictures may be used in magazines, brochures, hand billets, newspaper ads or articles, or on the school website. I understand the school will ask for specific permission for use for any other reason than for school promotion.

**1<sup>st</sup> Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECLARATION:**

**I DO HEREBY DECLARE ALL INFORMATION GIVEN ON THESE FORMS TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**1<sup>st</sup> Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that both Guardians signatures are required unless proof of sole custody accompanies this application.