



Health & Emergency Contact Information

Name of Parent or Guardian			
Phone Numbers:			
	(home)	(work)	
	(fax)	(cell)	
Home Address:			
	(Street)		
	(City)	(Province)	(Postal Code)
Email Address			
Name of Child			
Date of Birth			
School:			
Grade:			
School Contact:			
Phone #			
Please indicate any allergies, existing conditions, etc.			