

STUDENT EMERGENCY AND PROFILE FORM

The information collected here will be kept private and retained only for the duration of the art class.

Please email completed form to education@ladysmitharts.ca

Name of Art Class:	<input type="text"/>	Child's Name:	<input type="text"/>
Birth Date:	<input type="text"/>	Health Care #:	<input type="text"/>
Address:	<input type="text"/>		
Doctor's Name and #:	<input type="text"/>	Dentist's Name and #:	<input type="text"/>
Parent/Guardian Emergency Contact #1		Parent/Guardian Emergency Contact #2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Relationship to Child:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Cell #:	<input type="text"/>	Cell #:	<input type="text"/>
Alternate #:	<input type="text"/>	Alternate #:	<input type="text"/>
Does your child have any health and/or special considerations? Check all that apply.			
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Behavioural Concerns <input type="checkbox"/> Intellectual <input type="checkbox"/> Visual <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Seizures <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Emotional/Psychological Other: <input type="text"/>		Please share details that can help us support your child: <input type="text"/>	
		Please provide a list of medications, if any, your child requires: <input type="text"/>	
		Can your child administer their medication by themselves? <input type="checkbox"/> Y <input type="checkbox"/> N	
		If not, do you consent to a staff member administering your child's medication? <input type="checkbox"/> Y <input type="checkbox"/> N	
If your child needs additional help or one-on-one support, contact the education coordinator: 250-245-1252.			
Please check each box to indicate you understand and consent to the following:			
EMERGENCIES	<input type="checkbox"/> Y <input type="checkbox"/> N	I consent to a staff member calling a medical practitioner or ambulance if I cannot be reached and urgent care is required. I understand that I am responsible for the payment of medical or ambulance bills.	
COVID-19	<input type="checkbox"/> Y <input type="checkbox"/> N	I understand that while the ACLD is taking measures to lower the spread of COVID-19, it does not guarantee its ability to do so.	
The ACLD is seeking your consent to collect, use and share photographs and/or video of you or your child on our website, newsletters, posters, and social media sites for promotional purposes. Please check each box to indicate your consent:			
<input type="checkbox"/>	I give permission to ACLD to use imagery of my child.		
<input type="checkbox"/>	I acknowledge I do not own the copyright to ACLD imagery and will not receive compensation for publication.		
<input type="checkbox"/>	I understand that my permission here does not expire but can be revoked by emailing: education@ladysmitharts.ca		
Parent/Guardian Giving Consent	<input type="text"/>	Date:	<input type="text"/>