



The Maples

EMERGENCY INFORMATION FORM

INDEPENDENT COUNTRY SCHOOL

R.R. 4, Orangeville, Ontario L9W 2Z1 • Telephone: (519) 942-3310 Fax: (519) 942-8041

Date of Birth
year/month/day

Child's name: _____

Address: _____

Postal Code: _____ **Home Phone:** _____

Email address: _____

Name of Parent/Guardian: _____

Work Phone Numbers: (Mom) _____ (Dad) _____

Cell Phone: (Mom) _____ (Dad) _____

**In case of emergency, list "Authorized Persons" to be contacted if parents cannot be reached.
Please notify *The Maples* immediately when there are changes to this information.**

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Ontario Health Number: _____ Version _____ Exp. Date: _____ Name Of Physician: _____ Address: _____ Phone Number: _____

Any allergies or medical problems that you feel the staff should be aware of:

We understand and agree that in the event of a serious injury, *The Maples* will attempt to contact us. If *The Maples* is unable to contact us, *The Maples* will attempt to contact the "Authorized Persons" listed above. If *The Maples* is unable to contact either of the "Authorized Persons", and the student's life is in peril, *The Maples*, will request emergency transportation (ambulance) to the local hospital.

In addition to the above named "Authorized Persons", the persons named below are authorized to pick up our child/children from *The Maples*.

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Dated at _____, Ontario this _____ day of _____, 20__.

(parent's / guardian's signature)

(print parent's / guardian's name)