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**Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.**

Child's name: \_\_\_\_\_ Starting Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Personal Health Number: \_\_\_\_\_  
Year Month Day

Group Medical Services or Medical Services Incorporated Number \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of business: \_\_\_\_\_ Place of business: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Does your child have any known allergies? Yes No If Yes, what are they and what are your child's reactions?

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Doda \_\_\_\_\_