

**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form Continued**

**Emergency Contacts:**

**Note:** Parents should contact all emergency contacts listed below to ensure they know they are being listed as an emergency contact.

**EMERGENCY CONTACT ONE**

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

May pick up student:            **yes**             **no**

**EMERGENCY CONTACT TWO**

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

May pick up student:            **yes**             **no**

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies \_\_\_\_\_ Life Threatening?

Other Health Factors \_\_\_\_\_ Life Threatening?

**If 'Yes' provide "Parent Responsibility Checklist"**

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last place of immunization:

(Kindergarten only) \_\_\_\_\_ Date: \_\_\_\_\_

**ALTERNATE ADDRESS ONE**

Pickup  or Dropoff

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**ALTERNATE ADDRESS TWO**

Pickup  or Dropoff

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Alternate Addresses are for anyone who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

**OTHER**

Require Learning Assistance?

Require Special Needs Assistance?

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***The information provided by you is collected for the use of school personnel and public health personnel and will not be used for any other purpose without prior approval.***

**ATTACHMENT 'A' POLICY 310**  
**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form**

**STUDENT INFORMATION**

Gender Male  Female   
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Usual First Name \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_  
 Birth Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Birth Certificate or Proof of Age Provided   
 Home Phone: \_\_\_\_\_

**STUDENT PROPERTY ADDRESS**

Street # & Name \_\_\_\_\_  
 \_\_\_\_\_  
 Apt # \_\_\_\_\_ City \_\_\_\_\_  
 Postal Code \_\_\_\_\_

**MAILING ADDRESS**

Same as Property Address?   
 If No, Address \_\_\_\_\_  
 \_\_\_\_\_

**ADMISSION INFORMATION**

Admission Date \_\_\_\_\_  
 Grade \_\_\_\_\_ French Immersion

**PREVIOUS SCHOOL/DISTRICT**

Previous Town/District \_\_\_\_\_  
 Previous School/Strongstart \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**SIBLINGS:** You may include siblings who are attending a different school

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

**CITIZENSHIP**

Country & Province of Birth \_\_\_\_\_  
 First Language Spoken \_\_\_\_\_  
 Language Spoken at Home \_\_\_\_\_  
 Citizenship \_\_\_\_\_

**Aboriginal Ancestry:**

Yes  No  
 Status Off Reserve  Metis  Inuit  Non-Status   
 Status On Reserve  : Band of Residence \_\_\_\_\_  
 DIA # \_\_\_\_\_

**Custody Information:** *If there are any custody issues with this student, legal documentation must be brought into the school.*

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**SCHOOL DISTRICT NO. 28 (QUESNEL)**  
**ATTACHMENT 'A' – POLICY 332 & 310**  
**Allergic Shock (Anaphylaxis)**  
**PARENT RESPONSIBILITY CHECKLIST**

- Inform school staff and classroom teacher of your child's allergy.
- Ensure your child is aware of his/her allergy.
- Inform your child of his/her allergy and ways to avoid anaphylactic reactions.
- Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- Encourage your child to tell an adult if he/she is having an allergic reaction.
- Complete the School Emergency Procedure Plan (SEPP) and return it to the principal. Set up a time to meet with designated school staff to develop the Allergy Awareness and Prevention Plan (AAP).
- In conjunction with your physician, complete the SEPP.
- In consultation with principal, teacher and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.
- Provide two current single dose, single-use auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose, single-use auto-injectors will be located.
- Inform school staff of your child's ability to carry his/her single dose, single-use auto-injector on his/her person (if they have demonstrated maturity).
- If your child is not able to carry his/her single dose, single-use auto-injector on his/her person, in consultation with teacher/principal, determine where the primary single dose, single-use auto-injector should be located.
- Provide consent which allows school staff to use a single dose, single-use auto-injector when they consider it necessary in an allergic emergency.
- Ensure your child knows where his/her single dose, single-use auto-injector is kept.
- Teach your child to administer his/her own single dose, single-use auto-injector.
- Ensure your child wears a Medical Alert bracelet or necklace.
- In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- Notify the principal if there is a change in your child's allergy condition or treatment.

**If your child has a food allergy:**

- Ensure your child knows to eat only food that has been sent from home.
- Provide the school with non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- Be informed of strategies in place for developing an "allergy safe" classroom.
- Should communicate with school staff about field trip arrangements
- Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

**If your child has a dual diagnosis of anaphylaxis and asthma, ensure they are educated to:**

- Learn the importance of keeping their asthma under control.
- Always carry their asthma medication.
- If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose, single-use auto-injector should be used first.

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Parent signature

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Date