

CAMP 2021 STUDENT RECORD

STUDENT : Last name _____ First name _____ Date of Birth _____ / _____ 20 _____

Home Address : _____ Oakville, Ontario _____ day month

FAMILY CONTACT INFORMATION -Parents /or Guardians :

Parent 1: Relationship to student Mother Father Other _____

Last name _____ First name _____ Cell number() _____

Email _____

Parent 2: Relationship to student Mother Father Other _____

Last name _____ First name _____ Cell number() _____

Email _____

Does the student reside with both parents? **YES** **NO** If NO – Provide school with custody arrangements.

Does the student have a previous history of any communicable diseases? **Yes** / **No -SPECIFY** _____

Does the student require any medication or suffer from any current disease? **Yes** / **No -SPECIFY** _____

Does the student have dietary restrictions or preferences **no pork** **no beef** **Halal** **Kosher** **Vegetarian** **Other** _____

Does the student suffer from any allergies or food intolerances? **Yes** / **No -SPECIFY** _____

Is this a life-threatening allergy which requires an **Epi-Pen** for emergency situations? **Yes** / **No**

If yes : I agree to provide TRMS with two Epi-Pens and to the following Anaphylactic Personal Response Plan:

In case of respiratory distress immediately administer EPI-PEN - call 911 - & contact guardians ASAP.

Other: _____

Emergency Contacts (other than parent/guardian) authorized to pick up student in event of emergency:

1-Name: _____ Relationship to student: _____ Phone #: _____

2- Name: _____ Relationship to student: _____ Phone #: _____

I have provided a copy of my child's immunization record

As parent or guardian, I understand my responsibility and role of best practices in the prevention of COVID-19 and any other communicable diseases. I agree to abide by all TRMS¹ policies and protocols for the prevention of COVID-19 and any other communicable diseases. I recognize TRMS' obligation to apply approved best practices and all necessary safeguards to protect the students and staff in all instances but with particular care in the prevention of Covid-19. However, I understand that TRMS, is not liable in the event of illness or further complications due to COVID-19 and any other communicable diseases. It is the responsibility of all members of the TRMS school community to follow the TRMS policies and make responsible and evidence-based choices to ensure the health and wellness of students, staff and TRMS families.

I AUTHORIZE (unless indicated & initialed) TRMS as follows:

-To take and post photos of my child on the school's communication app "Himama" **I do not** _____ **initials**

-To take photos of my child for the school yearbook & school internal videos shared with attending families **I do not** _____ **initials**

TRMS agrees to receive prior written parent consent for any & all photos of my child which TRMS may wish to use for school promotional materials (such as brochures, newspaper, TRMS website, social media platforms).

I understand that all photos posted by TRMS on shared platforms are the exclusive property of TRMS and that as a user I am not authorized to use the photos of other students or group photos for any personal purposes. I am only authorized the exclusive use of photos of my own child. I also understand that Trafalgar Ridge Montessori School is not liable for the breach of use of these photos.

Signature of Parent(s) / Guardian(s) _____ **Date :** _____, 2021

¹ TRMS – refers to Trafalgar Ridge Montessori School throughout this document.