



Greater Gatineau Elementary School

2026-2027 EMERGENCY/HEALTH INFORMATION

Information contained on this health form will be transmitted, if needed, to the nurse and to school staff that may need to intervene in case an emergency should arise with your child. In case of accident or illness, school staff will administer first aid, will ensure the student receives the care needed and will notify the parents as soon as possible. Ambulance transportation fees in case of emergency will be charged to the parents.

Student Information

Last Name		First Name (usual)		Middle Name
Date of Birth (Y/M/D)	Gender	Grade Level	Health Insurance Number - Expiry	

Adult Responsible: ☐ Father ☐ Mother ☐ Guardian

Father's Last Name & First Name	Email Address
Mother's Last Name & First Name	Email Address
Guardian's Last Name & First Name	Email Address

Address Type of Address: ☐ Father and mother ☐ Mother only ☐ Father only ☐ Legal guardian

Street Address		Apt. Number	P.O. Box
City		Postal Code	
Phone # (at home)	Phone # (cell-Father)		Phone # (cell-Mother)
Phone # (at work-Father)		Phone Number (at work-Mother)	

Additional address Type of Address: ☐ Mother only ☐ Father only ☐ Legal guardian

Street Address		Apt. Number	P.O. Box
City		Postal Code	
Phone # (at home)	Phone # (cell-Father)		Phone # (cell-Mother)
Phone # (at work-Father)		Phone Number (at work-Mother)	

Emergency Contact Information

If the parents cannot be reached, please list below who to contact in case of an emergency, early school closing, or bus problems - either a neighbour, family member or friend.

Name: _____ Day Time Phone Number: _____
Name: _____ Day Time Phone Number: _____

Health Information (Please indicate medical restrictions - Use the reverse side if necessary)

Allergies: Yes ☐ No ☐ Please specify: _____

Does he/she have an Epipen? Yes ☐ No ☐ Location of Epipen: On him/her ☐ At Office ☐ Daycare ☐

Diabetes: Yes ☐ No ☐ Epilepsy: Yes ☐ No ☐

Asthma: Yes ☐ No ☐ If yes: Mild ☐ Moderate ☐ Severe ☐ Inhaler: Yes ☐ No ☐ At School ☐ Requires Assistance ☐

Does he/she take any medication? Yes ☐ No ☐ Please specify: _____

Physical Disabilities: _____

Is there any contra-indication for your child to participate in physical education class? Yes ☐ No ☐

If yes, a recent medical certificate is required for exemption or limitation in physical activity.

Other Conditions: _____

Please provide the emergency medication as of the first day of school and ensure that it remains valid for the whole school year (take note of expiry date).

Parent/Guardian Signature

Date