



2379 Trafalgar Road, Unit 6 – Oakville, Ontario – L6H 6K7 admin@trms.ca – www.trms.ca – 905-257-5955

2018 Fun in the Sun CAMP EMERGENCY RECORD

Student Name: _____ Date of Birth: _____ Gender: M F

Resides with: Both parents / Other: _____ Home Address: _____, Oakville, Ontario, _____

Family Email 1- _____ @ _____ . _____ 2- _____ @ _____ . _____ 3- _____ @ _____ . _____

1st Parent/Guardian Name: _____ Relationship to student: _____ Ph#1: _____ Ph#2: _____

2nd Parent/Guardian Name: _____ Relationship to student: _____ Ph#1: _____ Ph#2: _____

Business Address of one parent/guardian – Name: _____ Business Name : _____ Address: _____, _____, Ontario, _____

MEDICAL: Doctor's full name: _____ Phone #: _____ Address: _____ City _____ PC _____

Does the student have a previous history of any communicable diseases? Yes/ No
Please specify _____
Does the student require any medication or suffer from any current disease? Yes/ No
Please 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
Please 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 #: _____

Participation Permission

With reference to the categories listed below I _____ as parent or guardian of (student) _____ grant them permission to participate as follows during the whole of their attendance at TRMS and until they withdraw from TRMS summer camp program:

- permission for my child to participate in offsite field trips organized by the school. I understand that information relating to those field trips will be posted in the camp newsletters emailed to parents.
• permission for my child to participate in occasional school nature walks in the neighborhood and to the local park.
• permission for my child to participate in all onsite physical education and outdoor recess programs.

I DO NOT authorize my child to Participate in these activities and I understand that I am responsible to make alternative arrangements for my child's care during these activities. Parent/Guardian's Initial _____

I authorize (unless indicated & initialed otherwise) TRMS as follows:

- To take photos of my child for the school yearbook I do NOT _____ initials
-To use these photos for school promotional materials (such as brochures, newspaper, TRMS website). I do NOT _____ initials
-To use these photos on the school's Social Media accounts (Facebook & Twitter). I do NOT _____ initials
-To post these photos on the TRMS photo gallery accessible by using the shared parent login I do NOT _____ initials

I understand that all photos posted on the TRMS shared photo gallery are 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 of my 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.

I have sent a digital copy of my child's school photo / I have provided a copy of my child's immunization record

Signature of Parent(s) / Guardian(s) _____ Date : _____, 2018