A.C.R.E.S.

Attercliffe Canadian Reformed Elementary School
85785 Canborough Road, R.R. # 1, Dunnville, ON N1A 2W1
Phone # 905-774-9009 Fax # 905-774-3318 office@acreschool.ca

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please use a dark pen

FAMILY NAME: «Family_Name»	PARENTS' FIRST NAMES: «Dad» & «Mom»		
ADDRESS: «Address» «town», ON «postal»	HOME/MAIN PHONE: «Phone»	DAD's CELL # «dad_cell»	MOM's CELL # «mom_cell»
E-MAIL ADDRESS: «email»	I check my email account: ❑daily ❑irregularly ❑almost never		

CHILDREN ENROLLED AT A.C.R.E.S. IN 2025/2026

NAME	GRADE	HEALTH CARD NO.	BIRTHDATE (Month/Day/Year)
«child_1_name»	«child_1_gr»	«child_1_hc»	«child_1_dob»
«child_2_name»	«child_2_gr»	«child_2_hc»	«child_2_dob»
«child_3_name»	«child_3_gr»	«child_3_hc»	«child_3_dob»
«child_4_name»	«child_4_gr»	«child_4_hc»	«child_4_dob»
«child_5_name»	«child_5_gr»	«child_5_hc»	«child_5_dob»
«child_6_name»	«child_6_gr»	«child_6_hc»	«child_6_dob»

In case of an emergency we will first try to reach you at your home or cell number listed above. If we cannot reach you, we will call the persons designated by you in the order that you list them:

NAME	TELEPHONE NUMBER

If none of the persons above can be reached and your child needs immediate treatment, we will take your child to a doctor using this consent form. A doctor will not treat a child without the oral or written consent of a parent. Please fill in this form and return it to the school.

FAMILY DOCTOR:		DOCTOR'S PHONE NUMBER:	

MEDICAL INFORMATION: (e.g. ALLERGIES, MEDICATION, HEALTH PROBLEMS etc.) Please include instructions for staff. Use back of page if necessary. For students with allergies, parents must provide the school with antihistamine and where necessary, an epi-pen.

* I give permission for emergency medical treatment to be given to my child(ren) listed above for injuries or illness received while in attendance at A.C.R.E.S. or under the supervision of its staff during an outing. ☐ Yes ☐ No
* I give permission to A.C.R.E.S. staff to give my child Junior Tylenol/Advil if required. ☐ Yes ☐ No ☐ Call first
* I understand that this form will be used only if I or a person designated cannot be reached by a school staff member and that it remains in effect until the end of the 2025/2026 school year. ☐ Yes ☐ No

Signature:	Date:

OUTINGS/FIELD TRIPS BLANKET PERMISSION SLIP

* I understand that I will be informed about outings and other events through the school's weekly newsletter, which will be emailed to the above email address. ☐ Yes ☐ No
* I understand that my permission for all outings/field trips is hereby given, unless I inform the school otherwise. ☐ Yes ☐ No

Signature:	Date:

PHOTOGRAPH AND VIDEO IMAGE BLANKET PERMISSION SLIP

* I understand that my permission for use of photographs and video images of my child, in accordance with Appendix 7 of the Parent Handbook, is hereby given. ☐ Yes ☐ No

☐ Newsmakers & ACRES Magazine only

Signature:	Date: