

RSM Student Info Form

Please print clearly in blue or black ink

Name: _____ Age: _____ Birthday(MM/DD/YYYY) _____

Grade: _____ School Attending: _____ Gender: _____

Email: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Care Card Number: _____

Home phone: _____ Cell: _____

Parent/Guardian's name: _____ Phone: Home _____ Work _____

Parent/Guardian's name: _____ Phone: Home _____ Work _____

Is there a custody arrangement that we should be aware of? _____

If yes, please describe and provide a hard copy of the agreement.

Alternate Emergency Contact: _____ Phone(h) _____ (w) _____

Medical History:

Parents, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this information in print on a separate form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For the student's safety and our knowledge, is your student a:

Good Swimmer _____ Fair Swimmer _____ Non-Swimmer _____

2. Does the student have allergies to:

Pollens _____ If so, please describe _____

Medications _____ If so, please describe _____

Food _____ If so, please describe _____

Insect Bites _____ If so, please describe _____

Other _____ If so, please describe _____

3. Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma _____ Heart Trouble _____ Diabetes _____ Epilepsy/Seizure _____ Physical Handicap _____

Frequent Upset Stomach _____ Anaphylactic Shock _____ Other _____

4. Date of last tetanus shot: _____

5. Does the student wear: Glasses _____ Contact Lenses _____ Neither _____

6. Please list and explain any major illness and injuries the student experienced during the past year: _____

Additional Comments: _____