



STUDENT INFORMATION QUESTIONNAIRE

3945 Matchette Rd.
Windsor, ON
N9C 4C2

School T: 519.977.2200

School F: 519.977.2201

http://school.jmccentre.ca

Dear Parents and /or Guardians:

Kindly complete this form for our files and return it immediately. Please Print Neatly

1.

CHILD'S NAME: (First) (Middle) (Last)

DATE OF BIRTH: (year/month/day)

ADDRESS: CITY: PC:

PHONE #: DIAGNOSIS:

CELL #: E:MAIL ADDRESS

HEALTH CARD #:

2.

FATHER'S NAME: ADDRESS: Home Phone #: Cell Phone #: (If different from child's above)

EMPLOYER: Work Phone #: E-MAIL ADDRESS:

3.

MOTHER'S NAME: MAIDEN NAME: ADDRESS: Home Phone#: Cell Phone #: (If different from child's above)

EMPLOYER: Work Phone #: E-MAIL ADDRESS:

4.

Please list: ALLERGIES:

Table with 3 columns: Name, Dosage, Frequency. Row 1: CURRENT MEDICATIONS: Name, Dosage, Frequency. Rows 2-5: Empty rows for medication entry.

5. HEALTH CONCERNS staff should be aware of: (eg., heart, asthma, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

7. DENTIST: \_\_\_\_\_ PHONE #: \_\_\_\_\_

8. LANGUAGE SPOKEN IN HOME : \_\_\_\_\_

9. SIBLINGS      Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
                    Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
                    Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

10. **In the event of an emergency during the school day who should we contact if you cannot be reached? (Please Complete)**  
**Relationship**  
**NAME:** \_\_\_\_\_ **to Student:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_

11. List any other agencies involved with your child. (ie., Children's Aid, Regional Children's Centre, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

12. Are there any specific instructions regarding care we should know about?  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there special feeding concerns?  
(ie., tube feeding, pureed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)