

St. Jude's School

Bringing JOY to Learning – since 1980



Scholars' Hall

Igniting Greatness – since 1997

HeadStart School Information & Release Form

Personal information is collected and retained for purposes of providing educational services as dictated by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education. All information is solely for the use of Scholars' Hall – St. Jude's School (SJSH) and will not be provided, without written release, to any person or agency unless it is to provide educational services, as determined by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education, for a student who was or is presently registered at SJSH.

Home Address (street and number) _____ City _____ Postal Code _____ () _____ - _____ Home Phone # _____

Name of School attending _____ grade enrolled in _____ IEP (NO) or if (YES) Please attach _____

Mother's Name: _____ Father's Name: _____

cell number: _____ cell number: _____

Email: _____ Email: _____

Medical Information

Ontario Health Card Number _____ Doctor's Name _____ Doctor's Telephone Number _____

Medical Concerns? NO If YES please describe _____

Medication? NO If YES please describe reason for taking with administration instructions _____

Allergies? NO If YES please describe reason for taking with dosages and times _____

Emergency Contact Information

(ECP) Emergency Contact Person's Name _____ Relationship to student _____ ECP's Telephone Number _____

MEDICAL LIABILITY RELEASE & CONSENT AUTHORIZATION TO THE TREATMENT OF A MINOR & ADMINISTRATION OF MEDICATION TO A MINOR: I/We, as the undersigned parent(s)/guardian DO HEREBY ABSOLVE AND RELEASE SJSH. AND ITS DESIGNATED REPRESENTATIVES FROM FULL LIABILITY FOR PHYSICAL INJURIES AND MEDICAL EMERGENCIES and do hereby authorize SJSH or its designated representative, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by a physician or surgeon licensed under the provisions of the Medical Practice Act of Ontario. In this event, I/We agree to pay all costs incurred which may not be covered by The Ontario Health Plan or by my/our other medical insurance policy. I/We, as the undersigned parent(s)/guardian of the above stated minor, do hereby authorize SJSH or its designate to administer the above stated medication as prescribed by his/her physician, or other, over the counter, medication as I/We might supply.

Parent(s)/Guardian Signature(s) _____ Date _____

I/we give consent for my/our child to participate in all school related activities on or off line and on or off the school's property. I/we have provided this e-mail address by which Scholars' Hall Inc. is granted permission to use for the communication of our child's personal academic information including his/her report cards and/or any school news, information, and announcements.

My/our email is _____

Parents' Signature _____ Date _____

888 Trillium Drive, Kitchener, Ontario N2R 1K4



A Mentor Academy
where potential becomes achievement
Grade 1 to 12
519-888-0807 www.stjudes.com



A University Preparatory School
where achievement becomes
JK to Grade 12
www.scholarshall.com 519-888-6620

