



Emergency #2			
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**MEDICAL INFORMATION**

Alberta Health Care # (Optional): \_\_\_\_\_

Are there any particular medical problems your child may be experiencing that the school should be aware of? (*allergies, asthma, etc*) \_\_\_\_\_

**LAST SCHOOL ATTENDED**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

**ABORIGINAL LEARNER**

Alberta Learning is collecting this personal information pursuant to section 33 (c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal Learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton AB, T5J 4K5, (780) 427-8501.

If you wish to declare that you are an aboriginal person please specify:

Status Indian/First Nation     Non-Status Indian/First Nation     Métis     Inuit

**INDIAN AFFAIRS**

Indian Affairs Band: \_\_\_\_\_ Living on Reserve:  Yes     No    Treaty #: \_\_\_\_\_

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct:

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_