



FRIEND DAY SIGN-UP

A. STUDENT(S) INFORMATION *(please fill in and check the blanks that apply)*

STUDENT: _____

Legal Surname

Legal Given Names (First and Middle)

Preferred Given Name

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ GENDER: Male Female

PRESENT SCHOOL: _____ GRADE : _____

MEDICAL PROBLEMS: Yes No If Yes, Explain: _____

Asthma? Yes No Does your child carry an inhaler? No Yes (self-medicating) Yes, requires help

Food restrictions? Yes No If Yes, Explain: _____

Allergies? Yes No If Yes, What Type? _____

Symptoms of Allergies: _____

Carry an Epi-pen? Yes No

ALBERTA HEALTH CARE #: _____

B. FAMILY INFORMATION

PARENT/GUARDIAN #1: _____

Legal Surname

Legal Given Names (First and Middle)

RELATIONSHIP TO STUDENT: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

PARENT/GUARDIAN #1: _____

Legal Surname

Legal Given Names (First and Middle)

RELATIONSHIP TO STUDENT: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMERGENCY CONTACT #1: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

STEPS TO REGISTER FOR FRIEND DAY:

1. Fill out the form, including all relevant contact information.
2. Call CWAA (403-286-5686) to register your child OR FAX the form to (403) 247-1623 OR bring the form to CWAA on Friend Day, March 20, 2015!