WEST VANCOUVER SCHOOLS
A world of opportunity

STUDENT EMERGENCY IDENTIFICATION FORM

School year 2017/2018

TEACHER: _____

Grade: _____ Div. _____

Student Birthdate: _____

PHOTO

Siblings in School:

Name	**Teacher**

FAMILY NAME _____

First Name _____

(Family Name)
PLEASE PRINT

MEDICAL ALERT _____ *(use red dot)*

Health Card # _____ Doctor: _____ Ph. # _____

List any medical conditions, severe allergies, medication information or any instructions (continue on back if necessary)

STUDENT ADDRESS: _____ PHONE #(604) _____

PARENTS (or guardians)

PARENT #1 NAME`: _____	PARENT #2 NAME: _____
ADDRESS: _____	ADDRESS: _____
HOME PHONE # _____	HOME PHONE # _____
WORK PHONE # _____	WORK PHONE # _____
CELLPHONE#: _____	CELLPHONE#: _____
WORK ADDRESS: _____	WORK ADDRESS: _____
DAYS/HOURS AT WORK: _____	DAYS/HOURS AT WORK: _____

***ALTERNATE GUARDIAN** (Persons within walking distance of the school and 19+ years old)

*Suggestion: If possible, list 2 household adults, for maximum number of persons to release your child to

NAME	SIGNATURE	◊PHONE # (604)

◊If possible, add cell phone numbers

OUT OF PROVINCE CONTACT

NAME	CITY & PROV/STATE	◊AREA CODE & PHONE #

I hereby authorize any of the above listed alternate guardians to pick up my child from school in the event of a controlled student release. I also authorize the school or persons caring for my child to use any of the above information, as necessary, in the event of an emergency.

SIGNATURE:_____ **SIGNATURE:** _____ **DATE:**_____
(PARENT #1) (PARENT #2)