

## STUDENT EMERGENCY IDENTIFICATION FORM

School year 2020/2021

**PHOTO**

FAMILY NAME _____
First Name _____

**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)

TEACHER: \_\_\_\_\_

Grade: \_\_\_\_\_ Div. \_\_\_\_\_

Student Birthdate: \_\_\_\_\_

**Siblings in School:**

Name	Teacher

**(Family Name)**  
PLEASE PRINT