STUDENT EMERGENCY IDENTIFICATION FORM

# School year 2021/2022

TEACHER:

photo

Will be supplied by school

Grade: Div.

Student Birthdate

Siblings in School:

(Family Name)

PLEASE PRINT

Name Teacher

FAMILY NAME

First Name

MEDICAL ALERT *(use reddot)*

HealthCard # 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: HOMEPHONE# HOME PHONE #

WORK PHONE # WORK PHONE # CELLPHONE#: CELLPHONE#:

WORK ADDRESS: WORK ADDRESS:

DAYS/HOURS AT WORK: DAYS/HOURS ATWORK:

\*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)

Emergency Management for North Shore Schools rev.4.2007 2A-9