

STUDENT EMERGENCY IDENTIFICATION FORM

School year 2023/2024

	TEACHER:		
	Grade: D	iv	
	Student Birthdate:		_
РНОТО	Siblings in School:		Ē
	Name	Teacher	(Family Name) PLEASE F
			y Name) PLEASE PRINT
FAMILY NAME			e) PRIN
First Name			-
MEDICAL ALERT (use red dot)			
lealth Card #	Doctor:	Ph.#	
ist any medical conditions, severe allergies, medication.	n information or any instructions (continue on back	if necessary)	
STUDENT ADDRESS:	PHONE #(604) -		
PARENTS (or guardians)			
PARENT#1 NAME`:			
ADDRESS:		_	
HOME PHONE #			
		_	
CELLPHONE#:	CELLPHONE#:		
CELLPHONE#:	CELLPHONE#: WORK ADDRESS:		
CELLPHONE#:	CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK:		
CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: *ALTERNATE GUARDIAN (Persons within walking of suggestion: If possible, list 2 household adults, suggestion: If possible, list 2 household adults and lis	CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: distance of the school and 19+ years old) for maximum number of persons to release yo	ur child to	
CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: PALTERNATE GUARDIAN (Persons within walking o	CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: listance of the school and 19+ years old)	ur child to	
CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: *ALTERNATE GUARDIAN (Persons within walking of standard standard) *Suggestion: If possible, list 2 household adults, standard standard)	CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: distance of the school and 19+ years old) for maximum number of persons to release yo		
CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: *ALTERNATE GUARDIAN (Persons within walking of the company) *Suggestion: If possible, list 2 household adults, the company is the company of the company	CELLPHONE#: WORK ADDRESS: DAYS/HOURS AT WORK: distance of the school and 19+ years old) for maximum number of persons to release yo SIGNATURE		