

STUDENT EMERGENCY IDENTIFICATION FORM

School year 2018/2019

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