

## Student Emergency Identification Form

**PHOTO**

Teacher: \_\_\_\_\_

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

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

**Siblings in School:**

Name:	Teacher:

Family Name:

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Medical Alert (*use red dot*): \_\_\_\_\_

BC Health Card Number: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Student Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

	Mother	Father
Name:		
Address:		
Home Phone Number:		
Work Phone Number:		
Cell Phone Number:		
Work Address:		
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 Number*

**OUT OF PROVINCE CONTACT**

\*If possible, add cell phone numbers

Name	City & Prov/State	Area Code and Phone Number*

**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 (Mother): \_\_\_\_\_ Signature (Father): \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_