

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: _____

	Parent/Guardian	Parent/Guardian
Name:		
Relationship to Student:		
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.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date (mmm-dd-yyyy): _____