



Emergency Contact Form

Student Information

Name of Student: _____

Date of Birth (DD/MM/YYYY): _____ Health Card Number: _____

Address (in Canada): _____
Street # and Name Apt# City Postal Code

Food or Allergies: _____

Medication(s): _____
(please specify if applicable)

Parent/Guardian Information

Mother's Name: _____

Home Number: _____ Business Number: _____

Cellular Number: _____ E-mail: _____

Father's Name: _____

Home Number: _____ Business Number: _____

Cellular Number: _____ E-mail: _____

Home-stay Parent's Name (If applicable): _____

Home Number: _____ Business Number: _____

Cellular Number: _____ E-mail: _____

IN CASE OF AN EMERGENCY WHEN UNABLE TO CONTACT PARENT(S), PLEASE CONTACT:

1. Name: _____ Relationship: _____

Cellular Number: _____

2. Name: _____ Relationship: _____

Cellular Number: _____