



# 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: \_\_\_\_\_