

EMERGENCY INFORMATION FORM

VANCOUVER HEBREW ACADEMY

1545 West 62nd Avenue, Vancouver, B.C. V6P 2E8

PLEASE PRINT CLEARLY

Student Name: _____
(Legal Last Name) (Legal First)

Grade: _____ Male Female

Medical Card No. _____

Birthdate: Year _____ Month _____ Day _____

Parents Names: _____

Home Phone No. _____

Address: _____

Father's Daytime No. _____

Mother's Daytime No. _____

ALTERNATE PERSON(S) TO CONTACT IF PARENTS CANNOT BE REACHED

(if possible, within close proximity of the school)

Name: _____ **Address:** _____

Home Phone _____ **Daytime Ph.** _____

Name: _____ **Address:** _____

Home Phone _____ **Daytime Ph.** _____

Doctor's Name: _____ **Phone No.** _____

Dentist's Name: _____ **Phone No.** _____

Special Conditions, Allergies or Medical Alert: (Please use reverse side if more space is required).

The purpose of this form is to enable the parent of a student to make the school aware of any medical condition the student has that might be affected by, or, that might prevent him/her engaging in any student activity. And to provide the school with the telephone numbers where the parent and emergency contact can be reached in the event of an emergency. The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by School Administration.

Please Note: The responsibility lies with the parents to advise the school if any change occurs in the medical or physical condition of the student.

(Please check (✓) each statement, then sign and date at bottom)

I give my consent for the school to initiate a hospital visit in case of emergency if I cannot be reached.

I give my consent for my child to be involved in drop-in visits by the Vancouver Health Dept. Staff.

I give my consent for my child to go on a field trip within walking distance of the school.

Parent's Signature _____

Date: _____