



# Christian Life School's Student Emergency Identification

STUDENT BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

SIBLINGS IN SCHOOL: \_\_\_\_\_

MEDICAL ALERT: \_\_\_\_\_ (use red dot)

Health Card # \_\_\_\_\_ Doctor: \_\_\_\_\_ PH#: \_\_\_\_\_

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

\_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PARENTS (or guardians): \_\_\_\_\_

PARENT/GUARDIAN:  
ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN:  
ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

DAYS/HOURS AT WORK: \_\_\_\_\_

DAYS/HOURS AT WORK: \_\_\_\_\_

OUT OF PROVINCE CONTACT NAME	CITY & PROV/STATE	AREA CODE & PHONE #

**\*ALTERNATE GUARDIAN** (Persons 19+ years old and preferably within walking distance of the school)

\*Suggestion: If possible, list 2 or more adults, who have your permission to pick up your child/ren in the event that you are not able to do so. Cell phone numbers are preferred.

LOCAL EMERGENCY CONTACT NAMES	CELL #	ALTERNATE PHONE #

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: \_\_\_\_\_  
(Parent/Guardian)

SIGNATURE: \_\_\_\_\_  
(Parent/Guardian)

DATE: \_\_\_\_\_  
(m/d/yr)