

**EMERGENCY FORM**

**CHILD’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surname**                  **First**              **Middle**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAMES OF PEOPLE TO CONTACT IF PARENT(s) CANNOT BE REACHED IN CASE OF ANY EMERGENCY DURING SCHOOL HOURS:**

**1)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                              Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                          Work/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                            Work/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED, UNLESS PRIOR CONSENT IS GIVEN.**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                   Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of an emergency, if parent(s) cannot be contacted, I hereby authorize…**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Home #:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                     Work/Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**…to act in my behalf in the interest of this child. If parents or a third part noted above cannot be contacted, I authorize the school authorities to act on my behalf in the interests of this child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent                                                  Date**

**Name of Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                Office Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Address:**

**Please indicate your child's history of communicable diseases (eg. chicken pox):**

**Please indicate any special requirements for your child's diet or exercise.**

Please attach a copy of your child's record of immunization. If your child has not been immunized, please provide a written statement (by parent or legally qualified medical practitioner) explaining that immunization conflicts with religious or conscience beliefs.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Emergency Form Received in Office**

**65 Glen Manor Drive Toronto, ON M4E 3V3**

**416-826-9451**