

Child's  
Photo

Please submit this form **every year** to update the information & photo.

## EMERGENCY INFORMATION & PERMISSION

Please submit  
2 copies or  
1 digital file

EMERGENCY INFORMATION FORM		
Child's Name	M/F	D.O.B(Y/M/D)
Address		
Parents/Guardian (#1) Name	Home/Cell Phone#	Work Phone#
Parents/Guardian (#2) Name	Home/Cell Phone#	Work Phone#
Emergency Contact ( <b>Except</b> above parents/guardians)	Phone#	
BC Care Card #		
Medical Condition	Allergies/Medication	
Child's Doctor (If no family doctor, put the nearest walk-in clinic)	Phone#	
Child's Dentist (If no family doctor, put the nearest walk-in clinic)	Phone#	

It is the school's policy to notify the parent/guardian when a child is ill or requires medical attention. If we are unable to contact the parent/guardian and child needs medical help, parent consent is necessary for school staff to take appropriate action on behalf of the child. Your consent will accompany the child to the child emergency service.

I, \_\_\_\_\_, authorize the staff at JLC Victoria to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such service shall be my sole responsibility.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)