

Emergency Contact Form

Student Information

Name of Student: _____ Date of Arrival in Canada : _____

Date of Birth (DD/MM/YYYY): _____ Passport Expiry Date: _____

Study Permit Expiry Date: _____ Student Visa Expiry Date: _____

Previous School: _____

Cellular Number: _____ E-mail: _____

Address (in Canada): _____

Street # and Name
Apt#
City
Postal Code

Health Card Number: _____

Food or Allergies: _____

Medication(s): _____

(Please specify if applicable)

Parent/Guardian Information

Mother's Name: _____

Cellular Number: _____ E-mail: _____

Father's Name: _____

Cellular Number: _____ E-mail: _____

Home-stay Parent's Name (If applicable): _____

Home Number: _____ Business Number: _____

Cellular Number: _____ E-mail: _____

Guardian's Name (Same as home-stay parent? No Yes): _____

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: _____