Ecole Quadra Photo I.D. Tag 2017 - 2018

3031 Quadra Street Victoria, BC V8T 4G2 Phone (250) 382- 8296

_____/_____/_____/_____/_____

Student's Name **Personal Health No.** **Date of Birth** **Teacher** **Division**

Photo
(School will provide photo)

Student's Home Address: _____

Parent Names: _____

Work Address: _____

Home Phone: _____ **Cell or other** _____

Dad's Work Ph: _____ **Mom's Work Ph:** _____

Emergency Guardian: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

Special Medicines, Conditions or Medical Alerts

_____

_____

Brothers/Sisters in School - Name **Date of Birth** **Teacher**

_____/_____/_____

_____/_____/_____

STUDENT RELEASE INFORMATION

Please provide the most complete information you are able to so that school personnel can release your child safely. **In the event of a disaster your child will not be released to anyone who is not listed below.** You may want to include a classmate's parent on this list. Anyone arriving at the school to pick up a child must report to the **Student Release Station** and provide identification before being allowed access to students. Locating, identifying, and accounting for the whereabouts of each student will be vitally important to school personal in an emergency situation. It is critical to the safety of staff and students that no students leave the school without being properly accounted for by staff.

Please release my child to any of the following people in the event of an earthquake or other disaster.

Name **Phone Number** **Address** **Relationship to Child**

_____/_____/_____/_____

_____/_____/_____/_____

_____/_____/_____/_____

h:\desktop\2017-2018\office\verification package documents 2016\earthquake release info form 2015 yellow.doc

_____/_____/_____/_____