

**Ecole Quadra Photo I.D. Tag**

**2018 – 2019**

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name                      Personal Health No.                      Date of Birth                      Teacher                      Division

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 _____ _____

Photo  
(School will provide photo)

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
_____/_____/_____			
_____/_____/_____			
_____/_____/_____			
_____/_____/_____			