

## Student Emergency Information

<b>Student Name:</b>	
<b>Student Mobile Number</b>	
<b>Home Address:</b>	
<b>Home Phone Number:</b>	
<b>Health Card #:</b>	
<b>Current Age:</b>	
<b>Date of Birth:</b>	
<b>Student email address:</b>	
<b>Parent email address:</b>	
<b>Mother's (Guardian's) Name:</b>	
<b>Work Phone # (include any mobile phone numbers):</b>	
<b>Father's (Guardian's) Name:</b>	
<b>Work Phone # (include any mobile phone numbers):</b>	
<b>Person to be contacted if parents can't be reached:</b>	
<b>Relationship of contact person to your family:</b>	
<b>Phone Number of Contact Person:</b>	
<b>Doctor's Name and Phone Number:</b>	
<b>Date of Last Tetanus Shot</b>	
<b>Dietary Restrictions:</b> (e.g. vegetarian diet, etc.)	
<b>Food or Environmental Allergies:</b> (If any, please indicate severity of reaction)	
<b>Health Information:</b> (previous injuries, current medications, etc.)	
<b>Smoker or Non-Smoker:</b>	
<b>Level of Physical Fitness:</b>	
<b>Swimming Ability:</b>	