



EMERGENCY INFORMATION FORM
2020/2021 School Year
Pender Harbour Community School Society

Date: _____
Participant's Name: _____
Phone: _____

If participant is a child/youth please provide:	
Parent/Guardian name	_____
Age of child/youth participant	_____

Emergency Contact – The Community School requires the name of a responsible adult contact person in the case of an emergency. This individual needs to be available to pick up your child/youth if need arises.

Emergency Contact Name: _____

Phone: _____

Doctor's Name: _____ Phone: _____

BC Medical Care Card # (or out of province equivalent) _____

Medical Alert Information: (examples; allergies, asthma and/or any other special need which requires awareness and/or attention):

Signature of parent: _____
(signature of parent/guardian is required if participant is a child)

SCHOOL YEAR 2020/2021