



## EMERGENCY CONTACT INFORMATION

The information on this form is provided on a voluntary basis and is used as information by the school coaching staff and to make contact in case of an emergency

Student's Name (PRINT)  
(First Name Last Name)

Date of Birth

Address (PRINT)  
(Street, Apt)

(Town, Post Code)

Home telephone #

Parent/Guardian Work  
Phone #

Parent/Guardian Cell  
Phone #

School

Sport

Teacher/Coach

Student Accident Insurance has been purchased

Yes

☐

No

☐

Special Information that you feel the teacher/coach should be aware of regarding your child's health:

---

---

---

---

*This information is collected and used pursuant to the Education Act. The information will be used to acknowledge that parents/guardians are informed about sports and recreation participation, to make contact in the case of an accident or emergency and will be kept for the duration of the school year in which it was collected. For more information please contact the school principal.*

**Retain:** C+1 in the school office In the event of an accident, attach this for the Accident/Injury Report (form NP674-04) and send to Administrative Services. P674-01  
(Revised Sept 2013)