

**VANCOUVER SCHOOL BOARD**  
**STUDENT EMERGENCY CONTACT FORM**  
**2023 - 2024**

**INFORMATION REGARDING SERIOUS HEALTH CONDITIONS**

Please complete **THIS FORM** and sign on the bottom. Return all forms to the school office as soon as possible. This information will help school staff provide a safe learning environment for your child. It is the responsibility of the parent to inform the school of any changes during the year.

**STUDENT LAST NAME:** \_\_\_\_\_ **STUDENT FIRST NAME:** \_\_\_\_\_

1. Does your child have any of the following medical conditions which may require emergency care at school?

- Severe asthma
- Seizure-disorder/epilepsy
- Life-threatening allergy (anaphylaxis)
- Diabetes
- Other: \_\_\_\_\_
- None of the above. Ignore questions 2 and 3.

2. Is there anything the school staff needs to know about this condition?

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3. In the event of a medical emergency at school, what action is necessary for the above condition?

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\*\*\* If your child needs assistance or supervision to take a medication at school, **A FORM MUST BE COMPLETED AND SIGNED BY YOUR PHYSICIAN.** This form is available in the school office.

\*\*\* Inform the school if the student's emergency contact information or health condition changes during the school year.

The information on these forms are collected under the authority of the School Act, Sections 13 and 97. The information will be used for education program and administrative purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97(2) of the School Act. If you have any questions about the collection or use of this information, please contact your school principal.

Please review the following information on the attached form and make any correction directly on the page.

***It is the responsibility of the parent/guardian to inform the school if the student's emergency contact information or health condition changes during the year.***

***I certify that the above information is correct and valid as of this date.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_