



Attach photo of  
student here

## Student Emergency Identification

Teacher:		Student:	
Grade:		Date of Birth:	
Sibling in school:			
Sibling in school:			
Sibling in school:			
Sibling in school:			
Medical conditions, severe allergies, medication information			
Health Card #		Doctor Name and Phone	

Parent/Guardian:	Parent/Guardian:
Address:	Address:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Work Address:	Work Address:
Days and Hours at work:	Days and Hours at work:



**BELONG**



**BELIEVE**



**ACHIEVE**

### Nanaimo Christian School

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