



EMERGENCY CONTACT/MEDICAL INFORMATION FOR WORK EXPERIENCE

School District No. 38 (Richmond)

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|--------------------|---------------------|
| Student Name: | Grade: |
| Home School: | Gender: M F |
| Home Phone Number: | Student Cell Phone: |

Type of Work Experience:

CP PreEmp SpEd Apprenticeship Program (specify): _____

| | |
|----------------------|----------------------|
| Parent/Guardian (1): | Relation to Student: |
| Phone Number: | Cell Phone: |
| Parent/Guardian (2): | Relation to Student: |
| Phone Number: | Cell Phone: |
| Student Address: | |

Emergency Contacts/People authorized to pick up my child in case of an EMERGENCY (other than the parent):

| | |
|--------------------|----------------|
| 1. Name: | Phone (Day): |
| Relation to child: | Phone (Night): |
| 2. Name: | Phone (Day): |
| Relation to child: | Phone (Night): |

Out of Province Contact:

| | |
|--------------------|----------------|
| 3. Name: | Phone (Day): |
| Relation to child: | Phone (Night): |

| | |
|--------------|--------|
| Doctor: Dr. | Phone: |
| Dentist: Dr. | Phone: |

MEDICAL CONCERNS: Does the student have any medical problems, health concerns, and/or diet restrictions and/or allergies that should be identified for Work Experience?

YES NO *If YES, please describe:* _____

I verify that all of the above information is correct. I agree to share this information with my child's worksite placement.

Parent/Guardian's Signature

Date of Parent/Guardian's Signature

To the Supervisor of the Work Placement: In the Event of an Emergency

1. Apply appropriate first aid on site, if necessary; transport student to hospital
2. Immediately contact the parents and the school
3. For unpaid work experience, the school is responsible for filling out the *WorkSafe BC's* Employers Report of Injury form