



Holy Cross Elementary School Titan's After-School Club
Emergency Form

CONFIDENTIAL

Personal Information:

Name of Child _____ Date of Birth: _____

Grade: _____ Personal Health Number: _____

Address: _____

Contact Information:

Contacts	Contact numbers
Home phone	
Mother's name	
Mother's cell phone	
Father's name	
Father's cell phone	
Emergency Contact name & phone	
Family Doctor name and phone	

Allergies:

Does your child have any allergies? Yes No

Does your child have an epipen? Yes No

* Please note: Your child MUST have their epipen with them during all TAC sessions.

Please list:

Allergy	Reaction	Treatment

If you have any questions or concerns, please contact Anna Auld at 604 299 3530.

Parent signature

Date