## Form 5. Student emergency contacts

**Please provide contact information for two people in the event that an emergency arises.**

**Student**

Last name: Click here to enter text.

First name: Click here to enter text.

Birth date (d/m/y): Click here to enter a date.

RAMQ number: Click here to enter text. Expiry date: Click here to enter a date.

(Quebec health insurance number)

Passport number: Click here to enter text.

**Emergency contact information** (please provide two contacts):

Name: Click here to enter text.

Relationship to student: Parent  Guardian  Partner

Other: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

E-mail: Click here to enter text.

Telephone (home): Click here to enter text. Telephone (cell): Click here to enter text.

Telephone (work): Click here to enter text.

Name: Click here to enter text.

Relationship to student: Parent  Guardian  Partner

Other: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

E-mail: Click here to enter text.

Telephone (home): Click here to enter text. Telephone (cell): Click here to enter text.

Telephone (work): Click here to enter text.