

INTERNATIONAL HOME CONTACT CARD (2009-2010)

Student Name: _____

Grade _____

Passport number: _____

Health: (describe condition below)

good concern

Homestay's Names: _____

Homestay Address: _____

Postal Code: _____ Home Phone: _____

Work: _____ Cell: _____ Work: _____ Cell: _____

Alternative person(s) to be contacted in the case of an emergency:

1) Name: _____ Relationship: _____

Telephone #: _____ Alternate #: _____

2) Name: _____ Relationship: _____

Telephone #: _____ Alternate #: _____

Parent's Names: _____ Phone/Cell: _____

Parent's Address: _____

Persons (and relationship) to whom we are authorized to release the student from school:

Name of Agency: _____ Contact Name: _____

Address: _____ Phone/Cell #: _____

Chronic health conditions the child has (i.e. asthma, diabetes, epilepsy, allergies):

Description of condition: _____

Parent/Guardian/Agent/Homestay Signature: _____ Date: _____

NOTE: All information on this card is kept strictly confidential