

# INTERNATIONAL HOME CONTACT CARD

**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**