

**CANADA INSTITUTE OF LINGUISTICS
EMERGENCY INFORMATION**

From: Name _____
Address _____

Telephone: (_____) _____

In case of emergency, please notify:

(1) _____

_____ Telephone (____) _____

This person's relationship to you: _____

or (2) _____

_____ Telephone (____) _____

This person's relationship to you: _____

Allergies (please include all foods, drugs, medications, or other):

If you have any special medical problems, please bring records pertaining to them.

You may complete this form electronically and email it as an attachment to caniladmissions@twu.ca



OR

Mail it to: CanIL Admissions
7600 Glover Rd.
Langley, BC V2Y 1Y1
Canada

OR

Fax it to: Attn: Admissions
(604) 513-2128