Saint Mary's School
Student Emergency & General Information

Child's legal name _____ Birth date_____
Last First Middle Month Day Year

☐ Male ☐ Female

Child's preferred name_____Grade_____Teacher _____

Child resides with:☐ Both Parents ☐ Mother ☐ Father

☐ Other * _____

Primary Email Address:

_____

Father's Name _____ Home Phone (____)_____
First Last (if different) Cell Phone (____)_____
Street Address _____ Work Phone (____)_____
City _____ State _____ Zip _____

Place of Employment _____ *Occupation* _____

Mother's Name _____ Home Phone (____)_____
First Last (if different) Cell Phone (____)_____
Street Address _____ Work Phone (____)_____
☐ Check if the same as above
City _____ State _____ Zip _____
Place of Employment _____ *Occupation* _____

*Second family information: (Example – stepparent/grandparent)
Name_____Relationship_____
Address_____ Phone _____

In case Parent/Guardian cannot be reached, the following should be called in emergency situations. They also have permission to pick up my child.

Name _____Relationship _____Phone _____Cell _____
Name _____Relationship _____Phone _____Cell _____
Name _____Relationship _____Phone _____Cell _____

PLEASE LIST ALL HEALTH PROBLEMS, ALLERGIES, AND CURRENT MEDICATIONS INCLUDING MEDICATIONS TAKEN ONLY AT HOME:

_____
_____
_____

Hospital Preference _____
Doctor to be called _____ Phone _____
Dentist to be called _____ Phone _____

Grandparents (use back of paper if family has more than two sets of grandparents)

Name
Address

Name
Address

In case of accident I request the school to contact me. If the school is unable to reach me, I hereby authorize that my child receive appropriate medical treatment.

_____
Signature of parent or guardian Date