

Saint Mary's Catholic 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

Primary Email Address: _____

Other: _____

Fathers 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 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 situation. 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 MEDICATION 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 an accident I request the school 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