

EMERGENCY INFORMATION CARD

(Please Print)

Student's Name: _____ DOB: _____ Grade: _____

Address: _____ City, State, ZIP: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell Phone: _____

Address (if other than above): _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Address (if other than above): _____

Employer: _____ Work Phone: _____

Other contacts, if we cannot reach you, listed in the order we are to call:

	Name:	Relationship:	Phone:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies/Conditions/Medications: _____

In case of an accident or serious illness, I request St. Mary's School to contact me first. If you cannot reach me, I authorize St. Mary's School to call the physician listed below and to follow his/her instructions. If the physician cannot be reached, then St. Mary's has my permission to make whatever arrangements seem necessary at the time.

Parent's Signature: _____

Physician's Name: _____ Phone: _____

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Student's Name: _____ DOB: _____ Grade: _____

Address: _____ City, State, ZIP: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell Phone: _____

Address (if other than above): _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Address (if other than above): _____

Employer: _____ Work Phone: _____

Other contacts, if we cannot reach you, listed in the order we are to call:

	Name:	Relationship:	Phone:
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Allergies/Conditions/Medications: _____

In case of an accident or serious illness, I request St. Mary's School to contact me first. If you cannot reach me, I authorize St. Mary's School to call the physician listed below and to follow his/her instructions. If the physician cannot be reached, then St. Mary's has my permission to make whatever arrangements seem necessary at the time.

Parent's Signature: _____

Physician's Name: _____ Phone: _____