

ST. MARY'S REGIONAL SCHOOL 2010-2011  
EMERGENCY INFORMATION CARD

Complete Both Sides

Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Last First Last First

Person responsible for child. Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

**Employment**

Place \_\_\_\_\_ Father Place \_\_\_\_\_ Mother

\_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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**Employment**

Place \_\_\_\_\_ Father Place \_\_\_\_\_ Mother

\_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First M.I.

**Emergency Contact - PLEASE DO NOT PUT PARENTS' NUMBERS HERE**

Please list those who will assume temporary care of your child if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Please note any special health conditions such as an allergy to any medication (Antibiotics, tetanus, or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc.

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If child becomes ill at school, it is the responsibility of the parent to provide transportation home. In case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First M.I.

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