ST. MARY SCHOOL

EMERGENCY CONTACT INFORMATION CARD

School Year: _____ **Grade _____**

Student Name: _____
Last First MI

Date of Birth _____ Male ____ Female _____ Home Phone _____

Address _____

Parent/Guardian (1): _____ **Parent/Guardian (2): _____**
Last First Last First

Relationship to Child: _____ Relationship to Child: _____

Person(s) responsible for child: Parent/Guardian Name: _____ Both: _____

Parent/Guardian Employment Information

Parent/Guardian 1	**Parent/Guardian 2**
Work Name: _____	Work Name: _____
Address: _____	Address: _____
Work # _____ Cell # _____	Work # _____ Cell # _____

IN CASE OF EMERGENCY IF A PARENT/GUARDIAN CANNOT BE REACHED
Please list those who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship to Child: _____

Phone _____ Cell #: _____

Address _____

Name _____ Relationship to Child: _____

Phone _____ Cell #: _____

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), insect bites, convulsions, delayed blood clotting time, etc.

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 _____