

**ST. MARY'S REGIONAL SCHOOL
LATCH-KEY EMERGENCY INFORMATION CARD**

Please Print

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

Father's Name _____ Home Telephone _____

Cell Phone _____

Address _____

Mother's Name _____

Address _____ Home Telephone _____

Cell Phone _____

Where can parents be reached if not at home?

Mother: Work _____ Telephone _____

Father: Work _____ Telephone _____

In Case of Emergency, Contact _____

Relationship _____ Phone # _____

List Person/Persons and relationship, picking up your child/children from the program.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____

Any Known Allergies: _____

Medical Problems _____