

<b>SAINT AUGUSTINE SCHOOL EMERGENCY PROCEDURE CARD</b>		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME			HOME PHONE
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS				PHONE	
MOTHER'S BUSINESS PHONE		MOTHER'S CELL PHONE OR PAGER		FATHER'S BUSINESS PHONE	
				FATHER'S CELL PHONE OR PAGER	
<b>IN CASE OF EMERGENCY AND PARENT(S) CANNOT BE REACHED, PLEASE CONTACT:</b>					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
Father's Company Name & Address: _____					
Father's Email Address: _____					
Mother's Company Name & Address: _____					
Mother's Email Address: _____					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card.)					
<input type="checkbox"/> ALLERGIES		<input type="checkbox"/> ASTHMA		<input type="checkbox"/> DIABETES	
<input type="checkbox"/> EPILEPSY		<input type="checkbox"/> HEART PROBLEMS		<input type="checkbox"/> RECURRING ILLNESS	
				<input type="checkbox"/> OTHER	
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me.			
		Parent Signature: _____			Date: _____