

DIOCESE OF PENSACOLA-TALLAHASSEE
EMERGENCY INFORMATION FORM

PUPIL'S LAST NAME _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY # _____

HOME ADDRESS _____ ZIP _____

HOME PHONE: _____ LISTED _____ UNLISTED _____

STUDENT(S) RESIDE WITH (PLEASE CHECK ONE):

- | | | |
|---------------------------|---------------------------|-------------------------|
| _____ MOTHER & FATHER | _____ FATHER ONLY | _____ LEGAL GUARDIAN(S) |
| _____ MOTHER & STEPFATHER | _____ FATHER & STEPMOTHER | _____ OTHER |
| _____ MOTHER ONLY | _____ GRANDPARENT(S) | |

IF STUDENT(S) DO NOT LIVE WITH BOTH PARENTS, PLEASE SPECIFY EXACT VISITING PRIVILEGES AND ANY RESTRICTIONS ON RELEASE OF CHILD TO A NON-CUSTODIAL PARENT. THESE RESTRICTIONS WILL NOT BE ADHERED TO WITHOUT A COURT ORDER WHICH SHOULD BE FILED ANNUALLY.

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT(S) LIVE(S):

FATHER/GUARDIAN NAME _____	MOTHER/GUARDIAN NAME _____
RELIGION/PARISH _____	RELIGION/PARISH _____
OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____
WORK # _____	WORK # _____
HOME # _____	HOME # _____

PERSON(S) AUTHORIZED TO PICK-UP MY CHILD(REN)

PLEASE SPECIFY TO WHOM YOUR CHILD(REN) CAN BE RELEASED IF YOU CANNOT BE CONTACTED:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE

IN CASE OF AN EMERGENCY WHEN A PARENT/GUARDIAN OR PHYSICIAN IS UNAVAILABLE, THE STUDENT(S) WILL BE TAKEN TO THE NEAREST HOSPITAL UNLESS OTHERWISE SPECIFIED.

FAMILY DOCTOR _____ PHONE _____
 FAMILY DENTIST _____ PHONE _____

NAME OF INSURANCE AND POLICY NUMBER : _____

I AGREE THAT THE PRINCIPAL (OR HIS/HER DESIGNED) MAY AUTHORIZE THE PHYSICIAN OF HIS/HER CHOICE TO PROVIDE EMERGENCY CARE IN THE EVENT THAT NEITHER I NOR THE FAMILY PHYSICIAN CAN BE CONTACTED IMMEDIATELY.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____