

**2020 - 2021 SCHOOL YEAR**  
**DIOCESE OF METUCHEN**  
**SCHOOL OFFICE**  
**STUDENT EMERGENCY INFORMATION**

REMEMBER TO INFORM SCHOOL OF ANY INFORMATION CHANGES DURING THE YEAR. PLEASE TYPE OR PRINT LEGIBLY.

SCHOOL _____	TOWN _____
STUDENT NAME _____	BIRTHDATE _____
GRADE _____	HOME PHONE _____
ADDRESS _____	CITY _____
FATHER: NAME _____	MOTHER: NAME _____
HOME TELEPHONE _____	HOME TELEPHONE _____
PLACE OF EMPLOYMENT _____	PLACE OF EMPLOYMENT _____
WORK TELEPHONE _____	WORK TELEPHONE _____
CELL TELEPHONE # _____	CELL TELEPHONE # _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
GUARDIAN _____	GUARDIAN _____

**HOME SITUATION: (KINDLY CIRCLE ALL THAT APPLY)**

MARRIED	FATHER LIVING	PARENTS SEPARATED	<u>CUSTODY</u> : MOTHER	FATHER	JOINT
FATHER REMARRIED	MOTHER LIVING	PARENTS DIVORCED	CHILD RESIDES WITH _____		
MOTHER REMARRIED					

LIST THE NAMES OF TWO PERSONS, IN ORDER OF PRIORITY, WHO SHOULD BE CONTACTED IF THE PARENTS OR GUARDIAN ARE NOT AVAILABLE. PREFERABLY, SOMEONE WHO IS NOT WORKING AND WHO WOULD BE ABLE TO PICK UP YOUR CHILD FROM SCHOOL WHEN YOUR CHILD IS ILL. THIS SECTION MUST BE FILLED OUT COMPLETELY.

NAME _____	TELEPHONE: HOME _____	CELL _____
RELATIONSHIP TO CHILD _____		
NAME _____	TELEPHONE: HOME _____	CELL _____
RELATIONSHIP TO CHILD _____		

MEDICAL DOCTOR:	DENTIST:
NAME: _____	NAME _____
TELEPHONE _____	TELEPHONE _____
HOSPITAL _____	

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS: \_\_\_\_\_

LIST MEDICINE/DRUGS TAKEN REGULARLY: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY AND NONE OF THE PERSONS LISTED ON THIS FORM ARE AVAILABLE, I AUTHORIZE OUR LADY OF VICTORIES SCHOOL TO TAKE MY CHILD TO A HOSPITAL, DOCTOR/DENTIST'S OFFICE FOR TREATMENT.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_