

**SAINT ANN SCHOOL  
EMERGENCY INFORMATION CARD.**

**GRADE** \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last

First

Home Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Street

City

State

Zip

Mother's Full Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell or Beeper #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell or Beeper #: \_\_\_\_\_

Please list name and phone number in order of preference to be called in emergency:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

\_\_\_\_\_  
Date

Present Medical Conditions:

Allergies:

List any Medications your child presently takes:

\_\_\_\_\_  
Local Physician's Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Office Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_