

Complete both sides Gr. _____ Rm. _____ Date _____

ST. DOMINIC SCHOOL EMERGENCY INFORMATION

Student's Name _____
Last First M.I.

Date of Birth _____
Month Day Year Male Female

Student's Address _____ Home Phone _____
Zip _____

Father's NAME _____ Mother's NAME _____
Last First Last First

PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT _____

Father EMPLOYMENT Mother
Place _____ Place _____

Phone _____ Phone _____

Cell Phone Father: _____ & Cell Phone Mother: _____

(Over)

Student's Name _____
Last First M.I.

Family E-Mail _____

Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Please note any special health conditions such as an allergy to any medication (antibiotics, tetanus or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc.

If child becomes ill at school, it is the responsibility of the parent to provide transportation home. In case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

Parent/Guardian Signature _____

Note: Please inform the school of any changes.