



# St. Anne Roman Catholic Grade School

## Family Emergency Form 21-22



Family Last Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. _____ Child's First Name	_____ Birthplace (State/Country)	_____ Birthdate (mm/day/yr.)	_____ Grade
2. _____ Child's First Name	_____ Birthplace (State/Country)	_____ Birthdate (mm/day/yr.)	_____ Grade
3. _____ Child's First Name	_____ Birthplace (State/Country)	_____ Birthdate (mm/day/yr.)	_____ Grade
4. _____ Child's First Name	_____ Birthplace (State/Country)	_____ Birthdate (mm/day/yr.)	_____ Grade

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Mother's Work Number: \_\_\_\_\_

Father's email Address: \_\_\_\_\_

Mother's email Address: \_\_\_\_\_

**Please indicate below any health problems the school personnel should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Date: \_\_\_\_\_ Parent of Guardian's Signature: \_\_\_\_\_

Please list below the name, address and telephone number of a relative or neighbor living nearby who is willing to pick up the students from school and provide temporary care in the parent's absence.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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