



Please return this form
to each child's **Homeroom**
Teacher

Student Emergency Care Information 2021-2022

Please type or print clearly, marking NA where not applicable.

Student Information

Last Name First Name Grade 2020-2021 DOB

Address City State Zip Sex

Preferred Guardian Phone Numbers in Case of Emergency: 1st 2nd

Family Information

Father/Guardian's Name <input type="text"/>	Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Home Phone <input type="text"/>
Stepmother's Name (if Applicable) <input type="text"/>	Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Home Phone <input type="text"/>
Mother/Guardian's Name <input type="text"/>	Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Home Phone <input type="text"/>
Stepfather's Name (if Applicable) <input type="text"/>	Cell Phone <input type="text"/>	Work Phone <input type="text"/>	Home Phone <input type="text"/>

Emergency Contact Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name <input type="text"/>	Relation to student <input type="text"/>	Cell Phone <input type="text"/>	Home Phone <input type="text"/>
Name <input type="text"/>	Relation to student <input type="text"/>	Cell Phone <input type="text"/>	Home Phone <input type="text"/>

Health Conditions

Please note any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.

Physician Preference

1st Choice: Phone 2nd Choice: Phone

Hospital Preference

Parent Signatures and Acknowledgement

I, the undersigned, do hereby authorize the officials of St. Anne Catholic School to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

Father's Signature <input type="text"/>	Date <input type="text"/>	Mother's Signature <input type="text"/>	Date <input type="text"/>
--	------------------------------	--	------------------------------