

St. Francis of Assisi Preschool
112 Saxer Avenue, Springfield PA 19064
610-543-0546 · www.sfaschool.com

EMERGENCY FORM

Child's Name: _____ Date of Birth: _____ Sex: M F
(Last, First)

Address: _____

Name of 2 persons (in the community) we can call if parents cannot be contacted:

1. _____
(Name) (Relation to Student) (Phone)

2. _____
(Name) (Relation to Student) (Phone)

Father's Full Name : _____ Home Phone: _____

Employer's Name: _____ Work Phone: _____

Cell Phone: _____

Mother's Full Name : _____ Home Phone: _____

Employer's Name: _____ Work Phone: _____

Cell Phone: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Note special conditions:

Diabetes Heart Condition Asthma Seizures ADHD/ADD Bee Sting Allergy

Other Allergies: _____

Wears Glasses: _____ Hearing Aid: _____

Date of Latest Tetanus Booster: _____ Date of Latest Measles Booster: _____

Medical Insurance Company: _____

Policy Number: _____