

STUDENT EMERGENCY FORM

Student Surname		Grade	
First Name		Teacher	
M. I.		Parent Alum?	Parish Member?
DOB		Lives with	
Gender			
Nickname			
Concerns			
Allergies			
Visual			
Auditory			
Speech			
Motor			
Social Skills			
Habits			
Custody Issues?			
Language at Home		Holidays/Traditions	
Siblings			
Siblings at School			
Extra Curricular Activities			
Probable Elementary School			

STUDENT EMERGENCY FORM

Dropped Off & Picked Up By

Release To

Address

Home Phone

Home Email

Parent 1

Parent 2

Parent 1 Cell

Parent 2 Cell

Parent 1 Business

Parent 2 Bus

Pediatrician

Telephone

Address

When parents cannot be reached, list name and phone number of at least one person who may be contacted to pick up the child in an emergency:

Emer Contact

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian Date