

St. Anthony Catholic School

EMERGENCY SHEET

Clearly print all information. Area codes must accompany all phone numbers.

Each student must have an up to date emergency form on file. Please contact the school with any changes.

STUDENT'S NAME:

Last Name: _____ First: _____ Grade: _____
Date of Birth: _____

PARENTS/LEGAL GUARDIANS: Primary persons of contact and student release

Father/Guardian: _____ Home # _____
Work # _____ Cell # _____
Email Address: _____
Mother/Guardian: _____ Home # _____
Work # _____ Cell # _____
Email Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

Emergency Contacts: These selected persons are also responsible for pick up during emergency, illness, crisis, and if student is in extended care.

Name: _____ Home # _____
Work # _____ Cell # _____
Relationship to Student: _____

Name: _____ Home # _____
Work # _____ Cell # _____
Relationship to Student: _____

Name: _____ Home # _____
Work # _____ Cell # _____
Relationship to Student: _____

Allergies and other significant medical history:

Physician's Name: _____ Office # _____

In and emergency the school has my permission to transfer my child/children to the nearest hospital.

Signature: _____ Date: _____