**St. Michael Catholic School**

EMERGENCY INFORMATION FORM

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address No. Street Apt. # City State ZIP

Mother’s email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Place of Employment & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Place of Employment & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Please put an asterisk next to the e-mail address to be used as primary for school contact.

List a friend or relative who will assume care of your child if you cannot be reached in an emergency.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with

Both Parents Father Only Mother Only Father/Stepmother

Mother/Stepfather Foster Parents Legal Guardian Other

Court Certified Custody documents are in place for the student(s)

(It is the parents’ responsibility to provide legal documentation of custodial arrangements to the school office.)

Allergies Other Conditions

Medication Dosage

# Physician Address

Physician’s Office Phone

## In case of serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed above and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary including transportation of the child.

Signature/Parent and/or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_