

## SAINT JOHN SCHOOL STUDENT EMERGENCY CONTACT INFORMATION

Please complete and either email completed form to [nurse@saintjohnschools.org](mailto:nurse@saintjohnschools.org)  
or fax printed form to 860-388-6265 or mail to St. John School

FAMILY LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

2. NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

3. NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

4. NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**Parent/Guardian Information** Please place "M" by phone # for medical issues during school

	Parent/Guardian 1	Parent/Guardian 2	Parent/ Guardian 3
Name			
Relationship			
Lives with Child			
Home Phone			
Cell Phone			
Work Phone			
Employer			
Email			

Emergency contact will be called ONLY after attempting to contact Parents/Guardians

	Emergency Contact (Not Parent or Guardian)
Name	
Relation to Student	
Best Phone to Reach	

### Student's Physician

Name:	Phone:
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### Student's Dentist

Name:	Phone:
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I authorize the contacts listed above to discuss health matters with the school nursing staff and make health care decisions. Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of a serious medical emergency or accident, and I cannot be reached, I authorize the school personnel to have my child treated by a readily available physician, hospital or emergency facility. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please type in your name on signature line and date)