

## Holy Rosary Academy & Preschool 2026-2027 Student Emergency Information

**Student's Last Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parish closest to home address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Child's Full Name	Check here if Catholic	Birth Date	Grade for 2025-2026	Allergies/Medications

**EMERGENCY CARE INFORMATION - IF A PARENT CANNOT BE REACHED, PLEASE CONTACT ANY OF THE FOLLOWING LISTED INDIVIDUALS. THEY ARE AUTHORIZED TO ACT IN OUR ABSENCE, AND WILL BE INFORMED THAT THEIR NAME HAS BEEN USED ON THIS FORM. IN THE EVENT NO ONE CAN BE REACHED, I GIVE HOLY ROSARY ACADEMY & PRESCHOOL PERMISSION TO ACT ON MY BEHALF IN MAKING MEDICAL DECISIONS FOR MY CHILD(REN).**

Name	Relationship to Child	Home Phone	Work Phone

**Child's Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Co:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Comments :** \_\_\_\_\_

**Current E-Mail address for parent or Guardian :** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_