

Holy Rosary Academy & Preschool 2024-2025 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 2024-2025	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:** _____