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St. Joseph School
Emergency Contact Information

Family Name _____
(last name of student)

Student Name	Grade	Student Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living with: (please circle) Both parents Mother only Father only Legal Guardian (not a parent)

Stepmother Stepfather Mother & Stepfather Father & Stepmother Other _____

Divorced No Yes Custody: _____
(In case of a divorce, please provide the school with a copy of the custodial agreement)

Please check the box of who you would like us to contact first.

Mother's Name _____ Phone#1 _____
Address _____ Phone#2 _____
e-mail _____

Father's Name _____ Phone#1 _____
Address _____ Phone#2 _____
e-mail _____

List Two (2) relatives/neighbors who will assume temporary care of your child due to injury or illness if you cannot be reached:

Name _____ Relation _____

Phone#1 _____ Phone#2 _____

Name _____ Relation _____

Phone #1 _____ Phone#2 _____

Local Physician _____ Phone _____

Daycare
Provider _____ Phone _____

Please fill out both sides of this form

Directory Information (Indicate exactly how you want it to appear in the directory.)

Parent Names _____ Preferred Phone # _____
circle one (cell/home)

Home Address _____ City _____ Zip _____

e-mail _____

Do not include my family in the directory

PLEASE INDICATE BELOW IF YOUR CHILDREN HAVE ANY KIND OF HEALTH PROBLEMS (ALLERGIES to foods, pollens, insect bites/stings, medicines; asthma; diabetes; seizures; heart problems; arthritis; hearing loss, etc.)

Child's Name	Health	Any kind of Medication <small>Complete Authorization Form</small>	Grade	Teacher
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the individuals indicated on this form or the physician and to follow his/her instructions. If it is impossible to reach anyone on my contact list, the school may make whatever arrangements that seem necessary. I prefer _____ Hospital for emergency treatment.

Signature of Parent of Guardian _____