



Please return this form
to each child's **Homeroom**
Teacher

Student Emergency Care Information 2023-2024

Please type or print clearly, marking NA where not applicable.

Student Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Grade 2023-24	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	<input type="text"/>	
Preferred Guardian Phone Numbers in Case of Emergency:		1st	<input type="text"/>		2nd	<input type="text"/>			

Family Information

Father/Guardian's Name	Cell Phone	Work Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stepmother's Name (if Applicable)	Cell Phone	Work Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother/Guardian's Name	Cell Phone	Work Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stepfather's Name (if Applicable)	Cell Phone	Work Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name	Relation to student	Cell Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relation to student	Cell Phone	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Conditions

Please note any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.

Physician Preference

1st Choice:	<input type="text"/>	Phone	<input type="text"/>	2nd Choice:	<input type="text"/>	Phone	<input type="text"/>
Hospital Preference	<input type="text"/>						

Parent Signatures and Acknowledgement

I, the undersigned, do hereby authorize the officials of St. Anne Catholic School to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

Father's Signature

Date

Mother's Signature

Date