

**ST. JOSEPH SCHOOL
EMERGENCY INFORMATION**

Student's Name _____ Gr. _____
Last First
Date of Birth _____ Male Female
Month Day Year
Student's Address _____ Home Phone _____
Zip _____

Parent/Guardian Name _____ Parent/Guardian Name _____
Last First Last First

Person with whom student lives if other than parent _____

EMPLOYMENT

Parent/Guardian	Parent/Guardian
Place _____	Place _____
Phone _____	Phone _____
Cell Phone Father _____	Cell Phone Mother _____
Father's email _____	Mother's email _____

Emergency Contact -- PLEASE DO NOT PUT PARENT/GUARDIAN'S NUMBERS HERE

Name _____	Phone _____
Name _____	Phone _____
Family Physician _____	Phone _____
Family Dentist _____	Phone _____

Please note any and all health conditions/concerns including allergies to any food, medication, latex, or any other health conditions.

If child becomes ill at school, it is the responsibility of the parent to provide transportation home. In case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

Parent/Guardian Signature _____

Note: Please inform the school of any changes.