DIOCESE OF CHAR STUDENT EMERGE		LAST NAME	FIRST NAME
School Year 2	20 20	HOME PHONE	PARISH Non-Catholic
	SCHOOL GRADE		DOB
ADDRESS	CITY	STATE	ZIP
MOTHER/GUARDIAN NAME	HOME PHONE	BUSINESS PHONE	CELL PHONE
FATHER/GUARDIAN NAME	HOME PHONE	BUSINESS PHONE	CELL PHONE
MOTHER'S E-MAIL ADDRESS:		FATHER'S E-MAIL ADDRESS:	
IN CASE OF EMERGENCY, IF A PARENT CA	NNOT BE REACHED PLEASE CONTACT:		
1NAME	ADDRESS	PHONE	
2			
NAME	ADDRESS	PHONE	
STUDENT'S PHYSICIAN	PHONE	STUDENT'S DENTIST	PHONE
ALLERGIES / MEDICAL CONDITIONS (Pleas  Food Allergies  Insect Bite / Sting  Drug Allergies		/ledical Problems/ledications Taken at Home	
made to contact me. If I cannot be reached, I I	nergency, to be taken to a physician or hospital nereby give permission to the physician selecte he responsible party for physician/hospitalization	by either a parent in charge or by school person d by the teacher in charge or adult chaperone to a payment.	nel. I understand that every effort will be hospitalize and secure proper treatment
SIGNATURE OF PARENT/GUARDIAN			DATE

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NAIVIE	PHONE (home and cell
NAME	PHONE (home and cell
NAME	PHONE (home and cell
NAME se describe your INCLEMENT WEATHE es and cell phone numbers if different fro	PHONE (home and cell R/CRISIS plan in case of early dismissal from school om your emergency numbers).
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