



## Newman Catholic Schools Emergency Information

Student's Last Name _____	First Name _____	Grade _____	Date of Birth _____
Student's Last Name _____	First Name _____	Grade _____	Date of Birth _____
Student's Last Name _____	First Name _____	Grade _____	Date of Birth _____

Home Address \_\_\_\_\_

Family Email address for correspondence \_\_\_\_\_

**The school has permission to share my email with other families.**

The following information must be on file in the event of illness/injury or other student concerns during the course of school hours and/or while on school premises.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address if different than the one shown above \_\_\_\_\_ Address if different than the one shown above \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Phone # During School Hours \_\_\_\_\_ Phone # During School Hours \_\_\_\_\_

Guardian/Legal Custodian (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **OTHERS THAT MAY BE CONTACTED IN CASE NONE OF THE ABOVE ARE AVAILABLE:**

(We must have at least one other local contact person)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### **MEDICAL CONSENT**

***In the case of a medical emergency, if I cannot be reached immediately, I hereby authorize the school's principal, teacher, secretary or other designated school personnel to call an ambulance and authorize emergency medical treatment for my child.***

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_