



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

Student Emergency Care Information 2026-2027

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

Student Information

Last Name		First Name		Grade 2024-25		DOB		Sex	
Address		City		State		Zip			
Preferred Guardian Phone Numbers in Case of Emergency:		1st		2nd					

Family Information

Father/Guardian's Name	Cell Phone	Work Phone	Home Phone
Stepmother's Name (if Applicable)	Cell Phone	Work Phone	Home Phone
Mother/Guardian's Name	Cell Phone	Work Phone	Home Phone
Stepfather's Name (if Applicable)	Cell Phone	Work Phone	Home Phone

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
Name	Relation to student	Cell Phone	Home Phone

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:		Phone		2nd Choice:		Phone	
Hospital Preference							

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