



Student Emergency Information

Please complete *one per family*

Student's Name	Grade	Date of Birth (mm/dd/yyyy)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Home Address

(Street) (City) (Zip)

Known Allergies

Parent's Email	Home Phone	# to receive school messages (emergencies, weather, etc.)
_____ (Mother)	_____	_____
_____ (Father)	_____	_____

Parish	School
_____	_____

Father's Name	Employer / Company	Work / Cell phone #
_____	_____	W _____
		C _____

Mother's Name	Employer / Company	Work / Cell phone #
_____	_____	W _____
		C _____

Emergency Contact #1

(Name) (Relationship) (Phone #)

Emergency Contact #2

(Name) (Relationship) (Phone #)