St. Catherine School Emergency Information 2005/2006

Student:_____ **Grade:** _____
Address:_____ **Teacher:**_____
Home Phone: (____) _____ **Child's Age:**_____
Birthdate: _____
Month Day Year

Father
Name:_____
Business:_____
Phone: _____
Cell:_____
Pager:_____

Mother
Name: _____
Business: _____
Phone: _____
Cell:_____
Pager:_____

Other:
Name: _____
Relation:_____
Address:_____
Phone:_____
Cell:_____
Pager:_____

Other:
Name:_____
Relation: _____
Address: _____
Phone: _____
Cell: _____
Pager: _____

Doctor:
Address: _____
Phone:_____
Hospital:_____
Insurance:_____

Dentist:
Address: _____
Phone: _____
Policy Number: _____

Medications:_____

Allergies: _____

In the event of an emergency and I cannot be reached, I give my permission for my child to be picked up by any one of these people. List as many as possible.

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Parent Signature:_____ Date _____

THIS SECTION FOR STAFF USE ONLY

STUDENT:	STUDENT RELEASE:
ADDRESS:	TIME:
HOME PHONE:	PERSON:
AGE:	
MEDICATIONS:	
ALLERGIES:	