

ST. JOSEPH SCHOOL  
EMERGENCY INFORMATION CARD

**PLEASE PRINT**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

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

Father's first name \_\_\_\_\_ Mother's first name \_\_\_\_\_

**Where can parents be reached if NOT AT HOME?**

Mother: \_\_\_\_\_ Phone No. \_\_\_\_\_

Father: \_\_\_\_\_ Phone No. \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care and/or responsibility of your child if you cannot be reached.

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

In case of accident or serious illness, I request the principal or one she delegates to contact me. If the school is unable to reach me, I hereby give authorization to call the physician indicated below and to follow his/her instructions.

Physician's Name \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Should emergency care and/or hospitalization be required my choice of hospitals are in this order:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Insurance Coverage** \_\_\_\_\_

If none of the above is possible or if the school deems that time is of the essence for the safety and welfare of the child, I hereby give authorities at St. Joseph School permission to take whatever action may be necessary.

Signature of Parent or Guardian \_\_\_\_\_