

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 _____ Email _____

Father: _____ Phone _____ Email _____

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 _____