

**ST. MARY SCHOOL
STUDENT EMERGENCY FORM**

CUSTODIAL PARENT(S): Father _____

First

Middle

Last

Mother _____

First

Middle

Last

Address: _____

(Street & PO Box)

(City, State, Zip)

Home Telephone: _____ Cell Phone(s) _____, _____

E-mail Addresses: Father _____ Mother _____

NAME OF STUDENT

DATE OF BIRTH

GRADE

LIVING ARRANGEMENTS (Please fill in the information for who the child resides with.)

Child(ren) resides with: ___ Father & Mother ___ Father ___ Mother
___ Stepfather ___ Stepmother ___ Legal Guardian

Father/Stepfather/Guardian (First/Last Name)

Mother/Stepmother/Guardian (First/Last Name)

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

HEALTH/SPECIAL NEEDS INFORMATION: List any health problems we should be aware of; medication taken at school, or special help (Speech/Title I/SpEd) classes needed. (Specify child)

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

EMERGENCY CONTACT: *(In case of illness/emergency and parent(s) cannot be reached, list 2 other people we may call:*

1. Name _____ Phone: _____

2. Name _____ Phone: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____