



ST. ANNE CATHOLIC GRADE SCHOOL FAMILY EMERGENCY FORM

Family Last Name _____ Telephone Number _____

Address _____ City _____ Zip Code _____

1.	Child's First Name	Birthplace (State/Country)	Birthdate (mo./date/yr)	Social Security #	Grade	Homeroom #
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Father's Name _____ Mother's Name _____

Father's Cell Number _____ Mother's Cell Number _____

Father's Work Number _____ Mother's Work Number _____

Father's email address _____

Mother's email address _____

Please indicate below any health problems which you believe school personnel should be aware of:

In case of accident or serious illness, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Date _____ Parent or Guardian's Signature _____

Physician's Name _____ Phone _____

Please list below the name, address and telephone number of a relative or neighbor living nearby who is willing to pick up the student from school and provide temporary care in the parent's absence.

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____