

Student Information

Last Name: _____ First Name: _____ Grade: _____

Gender: Male Female Date of Birth: _____ Bus # _____

Home Address (Street, City, Zip Code):

Mother's Full Name: _____

Work Address (Name of business, street, city, zip code):

Home Address: Same as child's
If not the same as the child's: (Street, City, Zip Code):

Father's Full Name: _____

Work Address (Name of business, street, city, zip code):

Home Address: Same as child's
If not the same as the child's: (Street, City, Zip Code):

Telephone Numbers:

Mother Home _____

Mother Work _____

Mother Cell _____

Father Home _____

Father Work _____

Father Cell _____

St. Cecilia School – 2009 – 10 Emergency Data Form & Health Form

Please give the names, addresses & telephone numbers of three (3) additional persons whom we may contact if we are unable to reach either parent. **THESE SHOULD BE PEOPLE WHO HAVE TRANSPORTATION AND ARE AVAILABLE WHEN YOUR CHILD IS IN SCHOOL.**

Name: _____ Relationship to child: _____

Address: _____

Telephone Numbers: _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Numbers: _____

Name: _____ Relationship to child: _____

Address: _____

Telephone Numbers: _____

If the school is unable to contact any of the above persons, what do you want the school to do if the child is sick or injured?

If I, or any of the above mentioned persons cannot be reached in a timely manner, I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Anytime the above information changes, I will notify the principal in writing, and request a new emergency data form.

Signature of Parent/Guardian

Date

Student Medical Information

Asthma (documented by a physician): Yes No

Inhaler Nebulizer No medication needed

Allergies (documented by a physician):

Type of Allergy: _____

Epi-pen: Yes No