

School Year: _____

STUDENT EMERGENCY FORM

CITY: MCHENRY SCHOOL: MONTINI CATHOLIC SCHOOL FAMILY NAME: _____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below? When **both** parents/guardians are working it is especially important to have this information. Another important consideration is the single parent and/or step parents family relationship. **ONLY ONE EMERGENCY FORM PER FAMILY UNIT IS NECESSARY. Please notify the office of any changes to this information.**

NAME OF CHILD	BIRTHDATE	GRADE	RACE (optional) (for grant purposes)	SPECIAL HEALTH CONDITIONS (describe condition - if present)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOME ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____ CELL #: _____ Mom

CELL #: _____ Dad

NAME OF FEMALE PARENT/GUARDIAN	PLACE OF EMPLOYMENT	PHONE
_____	_____	_____

NAME OF MALE PARENT/GUARDIAN	PLACE OF EMPLOYMENT	PHONE
_____	_____	_____

IF DIVORCED, WHICH IS THE CUSTODIAL PARENT? _____

IF CUSTODIAL PARENT CAN'T BE REACHED, MAY THE SCHOOL CONTACT NON-CUSTODIAL PARENT? YES NO

RESPONSIBLE ADULT(S) WHO WILL ASSUME RESPONSIBILITY FOR CHILD IF PARENTS/GUARDIAN CANNOT BE REACHED:

(THIS INFORMATION MUST BE FILLED IN COMPLETELY, PLEASE INCLUDE DAYCARE INFORMATION)

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____

RELATIONSHIP: 1. _____ 2. _____

PHYSICIAN	ADDRESS	PHONE
1. _____	_____	_____

HOSPITAL - Your child will be taken to the nearest hospital.

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency, and if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible school authorities to send your child, (properly accompanied) to an available hospital or physician?
 Yes No

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____