

ST. PETER SCHOOL STUDENT EMERGENCY INFORMATION FAMILY NAME _____

FULL NAME OF CHILD	SEX	BIRTHDATE	SPECIAL HEALTH CONDITION (describe condition & any medication prescribed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

<u>NAME OF FEMALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>
_____	_____	_____

<u>NAME OF MALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>
_____	_____	_____

If divorced, name of legal custodial parent: _____

Do you have joint custody? (Y/N) _____ Name: _____

If custodial parent can not be reached may school contact noncustodial parent? (Y/N) _____

RESPONSIBLE ADULT(S) who have agreed to assume responsibility for child if parent/guardian can not be reached:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____

RELATIONSHIP _____

<u>PHYSICIAN OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____

<u>HOSPITAL OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____

If you, or responsible adult & 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 _____

DATE _____ SIGNATURE OF PARENT/GURDIAN _____