



# ST. ANTHONY CATHOLIC SCHOOL

## EMERGENCY CONTACT FORM

Family Last Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Catholic: \_\_\_Yes \_\_\_No

Student's Name	Grade/Class	Birth Date	<u>Registered for After School Care</u>
1. _____	_____	_____	___YES ___NO
2. _____	_____	_____	___YES ___NO
3. _____	_____	_____	___YES ___NO
4. _____	_____	_____	___YES ___NO
5. _____	_____	_____	___YES ___NO

Name (please print)	Place of Work	Work Phone	Cell Phone
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____

**Persons Authorized to Pick Up the Student:** List relatives or friends approved to pick up your child from school or After School Care, Picture Identification Required (if sick, *the school may also ask this person to pick up your child if you cannot be reached*).

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Information:** In case of an emergency the school will call 911 and then the parents. By signing below you authorize the school to take the child to the nearest hospital emergency room if deemed necessary.

1. _____ (Name and phone no. of local doctor)	_____ (Name and phone no. of local dentist)
2. _____ (Medical Insurance Co.)	_____ (Policy)
3. _____	

**Allergies**

**Medical Conditions**

No medication, Tylenol, topical cream, sunscreen or otherwise will be administered from the office without written instructions from the parent. NO VERBAL permission will be allowed. Renew with each new request. Please also list any allergies or medical conditions your child/ren may have.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE REPORT ANY CHANGES TO THE SCHOOL OFFICE**

Rvsd. 3/2017