



ST. ANTHONY CATHOLIC SCHOOL

EMERGENCY CONTACT FORM

Child/Family Last Name: _____ Mailing Address: _____

City, State, Zip: _____ Home Phone: _____

Catholic: ____yes____no Parish where registered: _____

Email: _____

	Student's Name	Grade	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

	Name	Place of Work	Work Phone	Cell Phone
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____

IF PARENTS ARE UNAVAILABLE, PLEASE CALL: List relatives or friends approved to pick up your child (*the school may ask this person to pick up your child if you cannot be reached*).

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

In case of an emergency the school will call 911 and then the parents.

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

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 list on your child(ren's) Health Form any allergies or medical conditions they may have.

Parent/Guardian Signature Date

PLEASE REPORT ANY CHANGES TO THE SCHOOL OFFICE

