

**Saint Joseph School  
EMERGENCY FORM  
2011-2012**

| <u>Child(ren)</u> | <u>Date of Birth</u> | <u>Grade</u> |
|-------------------|----------------------|--------------|
|                   |                      |              |
|                   |                      |              |
|                   |                      |              |
|                   |                      |              |

\*If there are any changes to this sheet, please notify the school immediately.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Children reside with  father  mother  both parents

Please list THREE emergency contacts, other than the names listed above:

1. \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_

3. \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the physician below and to follow his or her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary to help my child.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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Please list any medical problems or allergies:

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My child's regular arrival and dismissal routine will be as follows:

Arrival:

- Bus (if checked, please provide bus # \_\_\_\_\_ )
- Parent drop off

Dismissal:

- Bus (if checked, please provide bus # \_\_\_\_\_ )
- Parent pick up

In the event of early dismissal due to inclement weather my child:

- Will ride the bus home
- Will be parent pick up

I understand that I must provide a written note if my child's dismissal routine will be different. As a courtesy, I will contact the office prior to noon if there are any changes.

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