

ST. MICHAEL CATHOLIC SCHOOL
STUDENT EMERGENCY INFORMATION

Please Print Clearly

Student's Name: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Birth Date: _____

Where parents can be reached if not at home:

Mother's Name: _____ Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____
(If different from above)

Father's Name: _____ Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____
(If different from above)

Email address(s): _____

(List primary email address first; any other addresses used by family optional)

If neither parent can be reached, please contact:

1. Name: _____ Phone: _____

Relationship: grandparent sibling other (please specify) Relative/Neighbor

2. Name: _____ Phone: _____

Relationship: grandparent sibling other (please specify) Relative/Neighbor

Ethnic Group: (Please check which one applies to the student, this information is for statistic purposes only)

White Black Hispanic Asian American Indian Multi Racial

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: _____

Address: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Signature: _____ Date: _____

Use back for additional information.