

EMERGENCY/ ILLNESS INFORMATION

Student Name _____ Date of Birth _____
Last First Grade

Street _____ City _____ Zip _____

Father's Name _____ Mother's Name _____ Home Phone _____

E-mail _____

PLACE OF EMPLOYMENT

Father's _____ Phone _____ Cell _____

Mother's _____ Phone _____ Cell _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

1) Name _____ Address _____ Phone _____
Relationship _____ Cell _____

2) Name _____ Address _____ Phone _____
Relationship _____ Cell _____

PHYSICIAN

Name _____ Address _____ Phone _____

DENTIST

Name _____ Address _____ Phone _____

Special Instructions:

HEALTH INFORMATION

Does your child have any notable health conditions? _____ YES _____ NO

If yes, please indicate below:

_____ Asthma _____ Bee Sting Allergy _____ Intestinal Irregularities
_____ Convulsive Seizures _____ Heart _____ Arthritis
_____ Sight Impairment _____ Wears Glasses _____ Other Allergies (list below)

Other: _____

Medications to be taken at school (with prescribers authorization form)

**PARENT EMERGENCY NOTIFICATION
2010-2011
(To be used for emergency mid-day closing)**

Phone Numbers to be used during school day:

Name: _____ **Phone:** _____

Relationship: _____ **Cell:** _____

Name: _____ **Phone:** _____

Relationship: _____ **Cell:** _____

Name: _____ **Phone:** _____

Relationship: _____ **Cell:** _____

Children usually travel home from school by:

- 1) _____ School Bus District: _____ Bus #: _____
2) _____ Private Automobile Adult or adults picking up your child _____
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Name and grade of all children in family at St. John (beginning with lowest grade level)

_____ Grade _____ _____ Grade _____

_____ Grade _____ _____ Grade _____

RELEASE

Today's Date: _____

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 and/or dentist names on this card and to follow his instructions. If it is impossible to contact the physicians, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian: _____

Please notify the school office immediately if there are any changes to the information stated.