

Form #5

ST. DOMINIC SCHOOL EMERGENCY INFORMATION

CHILDREN ENROLLED _____

FAMILY NAME _____

1. _____ Date of Birth _____ 4. _____ Date of Birth _____
2. _____ Date of Birth _____ 5. _____ Date of Birth _____
3. _____ Date of Birth _____ 6. _____ Date of Birth _____

HOME ADDRESS _____

PHONE _____ Home email _____

SCHOOL DISTRICT YOU LIVE IN _____

FATHER/GUARDIAN _____

Company Name _____ PHONE (____) _____
Work Address _____ Area code _____

MOTHER _____

Company Name _____ PHONE (____) _____
Work Address _____ Area code _____

CELL PHONES DAD (____) _____ MOTHER (____) _____

Work email _____ Work email _____

If I cannot be reached if my child needs to be picked up, he/she maybe taken to the home of:

Name _____ Address _____ (____) _____ Phone # + area code _____

Physician Name _____ Address _____ (____) _____ Phone # + area code _____

Dentist Name _____ Address _____ (____) _____ Phone # + area code _____

Is Student on any medication? Yes ____ No ____ If yes, what medication _____

Reason _____

Is Student under treatment for any medical conditions? Yes ____ No ____ If yes, name & explain _____

Any physical impairments or previous illnesses/injuries that would interfere with child's participation in normal school activities? Yes ____ No ____ If yes, name & explain _____

Does Student have any vision or hearing impairments? Yes ____ No ____ If yes, explain _____

Does Student have any allergies? Yes ____ No ____ If yes, list the allergies _____

I hereby authorize the school principal, nurse or school staff member to call the doctors' names above if an emergency exists and I cannot be reached. In the event of an emergency and neither parent can be reached, I give the principal/school permission to transport my child to the dentist/doctor/hospital.

Signature of Parent/Guardian _____

Insurance Carrier Name _____ Policy # _____

Hospital Preference _____

In the event of a weather emergency, if I am not at home, my child may go to the home of:

Name _____ Address _____ (____) _____ Phone # + area code _____