

Class: _____

SAINT JAMES ELEMENTARY SCHOOL

EMERGENCY CONTACT FORM

SCHOOL YEAR 20__ to 20__

Student: Last Name: _____ First: _____ MI: _____ DOB: __/__/__

Parent/Guardian (Student resides with): _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____ Cell #: _____

E-mail: _____

Address: _____ Apt. _____ ZIP: _____

Other Parent/Guardian: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____ Cell #: _____

E-mail: _____

Address: _____ Apt. _____ ZIP: _____

List below names of three (3) additional persons who are not listed above who may be called in case of emergency or if child is sick in school,

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THE CARD.

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name: _____ Relationship: _____ Order of Protection Exists? Yes ___ No ___

HEALTH INFORMATION

Name of Physician/ Clinic: _____ Telephone: _____

Health Alert

Known Medical Conditions: _____

Allergies: _____

List medications currently or often taken by student: _____

Siblings: Last Name: _____ First Name: _____ Grade: _____

Last Name: _____ First Name: _____ Grade: _____

Last Name: _____ First Name: _____ Grade: _____

Principal will be notified in writing of any changes on this form _____ Date: _____

Signature of Parent/Guardian