

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