

ST. JOHN BERCHMANS SCHOOL
2008-2009 EMERGENCY FORM

PLEASE PRINT:

CHILD'S NAME _____ Grade _____
Last Name, First Name

Address _____
Street City State Zip Code

Name of Mother _____ Work Number _____
Last Name, First Name Home Number _____

Cell Number _____

Name of Father _____ Work Number _____
Last Name, First Name Home Number _____

Cell Number _____

The child listed above lives with:

Mother Father Both Other: _____

If the child listed above lives with only one parent or a guardian, please explain below any information that the school should be made aware of or contact the school principal.

If the child listed above has a health condition that the school should be made aware of, please explain.

Health Condition _____

Allergies _____

In case of accident or illness, if the parent or person responsible for the child cannot be reached, please list below persons who can be contacted:

Name of Person _____ Relationship to Child _____

Address _____ Telephone Number _____

Name of Person _____ Relationship to Child _____

Address _____ Telephone Number _____

Child's Physician _____ Name of Clinic _____

Address _____ Telephone Number _____

Hospital where child would be taken in case of emergency _____

If you have given permission for anyone else to pick up your child from school, please list the persons below:

Name of Person _____ Relationship to Child _____

Name of Person _____ Relationship to Child _____

Parent Signature _____