

ST MARY NATIVITY SCHOOL  
EMERGENCY FORM for 2019 - 2020

STUDENT(S) NAME

GRADE

_____	_____
_____	_____
_____	_____
_____	_____

HOME ADDRESS \_\_\_\_\_ Home Ph. \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Parent 1 \_\_\_\_\_ Place Employed \_\_\_\_\_ Work Ph. \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

Parent 2 \_\_\_\_\_ Place Employed \_\_\_\_\_ Work Ph. \_\_\_\_\_

Parent 2 Cell \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

\*If separated or divorced - Do you consent to the Child(ren) being released to the non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, you might submit the legal documents indicating custodial parent information)

EMERGENCY NUMBER TO CALL IF PARENTS ARE NOT AVAILABLE:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (H,CELL,WK) \_\_\_\_\_ (H,CELL,WK)

STUDENT(S) ALLERGIES: \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO RECEIVE TREATMENT IN AN EMERGENCY WHEN I CANNOT BE CONTACTED. EMERGENCY TRANSPORTATION BY AMBULANCE WILL BE PAID AT THE PARENT'S EXPENSE.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Mother's Email \_\_\_\_\_ Church you attend: \_\_\_\_\_

Father's Email \_\_\_\_\_

DATE

REASON FOR LEAVING

PERSON TAKING CHILD

TIME

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