

ST MARY NATIVITY SCHOOL
EMERGENCY FORM for 2017 - 2018

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 _____

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

Parent 1 Email _____ Church you attend _____

Parent 2 Email _____

