

ST. LOUIS CATHOLIC ACADEMY EMERGENCY INFORMATION RECORD

First Name _____ Middle Name _____ Last Name _____ Grade _____ Bdate _____ SSN _____ Gender _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Student Cell # _____

PARENT INFORMATION

<i>Student Lives With</i> _____	Parent ID _____ Student ID _____
Mother's Name _____	Father's Name _____
Can pick up student from school _____	Can pick up student from school _____
Mother's Address _____	Father's Address _____
Mothers Home # _____	Father's Home # _____
Mother's Cell # _____	Father's Cell # _____
Other Phone #s _____	Other Phone #s _____
Mother's Work Place _____	Father's Work Place _____
Mother's Occupation _____	Father's Occupation _____
Mother's Work # _____	Father's Work # _____
Mother's Work Cell # _____	Father's Work Cell # _____

EMERGENCY CONTACT INFORMATION

Emergency Name _____	Emergency Name _____
Relationship to Student _____	Relationship to Student _____
Can pick up student from school _____	Can pick up student from school _____
Emergency Address _____	Emergency Address _____
Emergency Home _____	Emergency Home _____
Emergency Cell _____	Emergency Cell _____

Emergency Name _____	Emergency Name _____
Relationship to Student _____	Relationship to Student _____
Can pick up student from school _____	Can pick up student from school _____
Emergency Address _____	Emergency Address _____
Emergency Home _____	Emergency Home _____
Emergency Cell _____	Emergency Cell _____

MEDICAL INFORMATION

Doctor's Name _____ Dr's Hospital _____ Dr Medical # _____

Doctor's Address _____ Dr's City State Zip _____

Doctor's Phone # _____ Dr's Exchange # _____

Child's Preferred Hospital _____

Dentist _____ Dentist Ph No _____

Allergies and other Medical Conditions (Please explain checked items below, if necessary, use other side of form). If medicine is needed at school, please fill out a Parent/Doctor Consent Form, with instructions. If the medicine is prescribed, we will need a doctor's prescription or the prescription clearly written on the medicine.

None _____

Allergies _____

Asthma _____

Other _____