

OUR LADY STAR OF THE SEA SCHOOL EMERGENCY FORM - SCHOOL COPY

Please fill out this form for EACH child in the family. THREE COPIES PER CHILD. (SCHOOL COPY, NURSE COPY, AND RECTORY COPY.)

NAME: _____ CLASS _____

ADDRESS: _____ ZIP _____

HOME PHONE NO. _____ DATE OF BIRTH _____

SUNDAY ENVELOPE # _____

FATHER'S NAME: _____

FATHER'S ADDRESS IF DIFFERENT _____

FATHER'S HOME PHONE NUMBER IF DIFFERENT _____

FATHER'S BUSINESS NAME AND ADDRESS _____

FATHER'S CELL PHONE NO. _____

FATHER'S WORK NO. _____

FATHER'S E-MAIL ADDRESS _____

MOTHER'S NAME _____

MOTHER'S ADDRESS IF DIFFERENT _____

MOTHER'S HOME PHONE NUMBER IF DIFFERENT _____

MOTHER'S BUSINESS NAME AND ADDRESS _____

MOTHER'S CELL PHONE NO. _____

MOTHER'S WORK NO. _____

MOTHER'S E-MAIL ADDRESS _____

In case of emergency, YOU MUST LIST THREE CONTACTS, OTHER THAN PARENT.
****Please note - emergency contacts should live in close proximity of the school and be able to drive or make arrangements for pick up of child.***

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

Physician's Name _____ Phone _____

Student's Height: _____ Student's Weight: _____

PLEASE LIST ANY ALLERGIES: _____

List any siblings and their classes: _____

IF ANY OF THE EMERGENCY INFORMATION NEEDS ADJUSTMENTS DURING THE COURSE OF THE SCHOOL YEAR, IT IS IMPORTANT TO LET THE SCHOOL OFFICE KNOW AS SOON AS POSSIBLE SO THAT STUDENT RECORDS STAY CURRENT AND ACCURATE.