



St. Francis Xavier Catholic School

Student Emergency Information

Date

Family Last Name

In case of accident or serious illness, the school will contact the parents/guardians first. If the school is unable to reach the parents/guardians, the school will call the physician listed below and follow their instructions. If it is impossible to contact this physician or any of the adults on this form, the school may make whatever arrangements necessary. In the event that an emergency unit is called, my choices of hospitals are:

1. _____ 2. _____ 3. _____

Insurance Company Name & ID Number: _____

| Student Name | Height | Weight | Existing Illnesses or Conditions |
|--------------|--------|--------|----------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

Mother's Name: _____ Best Phone #: _____

Father's Name: _____ Best Phone #: _____

Please list two emergency contacts who will assume temporary care, and can pick up your child from school if you cannot be reached.

Name 1: _____ Name 2: _____

Phone #: _____ Phone #: _____

Relationship to student: _____ Relationship to student: _____

Physician Name: _____ Phone #: _____

Address: _____

I understand that if any of the information on this form changes, I will inform the school immediately.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

This form will be kept in the school office for immediate use if needed. Please complete and return it to the office as quickly as possible.
Thank you.