

**MUST BE COMPLETED EACH YEAR FOR EACH CHILD AND UPDATED AS NEEDED**

**DIOCESE OF METUCHEN - SCHOOL OFFICE**  
**STUDENT EMERGENCY INFORMATION – 2026-2027**

**School:** ST. ANN CLASSICAL ACADEMY **Town:** Raritan, New Jersey

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Place of Business: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Guardian Name (if applicable) \_\_\_\_\_ Phone No.: \_\_\_\_\_

Which parent/guardian listed above should the school try to contact **FIRST** if there is an emergency: \_\_\_\_\_

**List the names of two persons, in order of priority, who should be contacted if the parents or guardian are not available.**

\*Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any health/medical problems: \_\_\_\_\_

List any medicine/drugs taken regularly: \_\_\_\_\_

In the event of any emergency and none of the persons listed on the form are available, I authorize the school to take my child to a hospital, doctor's, or dentist's office for emergency care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child