

**ST. ISIDORE SCHOOL
PUPIL EMERGENCY INFORMATION**

PLEASE PRINT

Student's Name _____ Grade _____ Birth Date _____

Parent's/Guardian's Name _____

Home Address _____ Phone _____

Child Resides With _____mother _____father _____both _____guardian

Father's/Guardian's Employer _____ Phone _____

Address _____ Cell Phone _____

Mother's Employer _____ Phone _____

Address _____ Cell Phone _____

Alternate Person to be Notified _____ Relationship _____

Address _____ Phone _____

Second Alternate _____ Relationship _____

Address _____ Phone _____

Family Doctor _____ Phone _____

List any allergies, special health problems or disabilities _____

In case of accident or serious illness, I request the school to contact me. If I cannot be reached, I hereby authorize the school to call the physician indicated above and follow his instructions. If it is impossible to contact this physician, the school may then attempt to admit my child to a convenient hospital or doctor's office.

The school staff has my permission to give Tylenol for minor aches when necessary ___Yes ___No

Parent or Guardian Signature

Date