

ST. ISIDORE SCHOOL
STUDENT EMERGENCY INFORMATION

PLEASE PRINT

Student's Name _____ Grade _____ Birth Date _____
Mother's/Guardian's Name _____ Father's/Guardian's Name _____
Home Address _____ Home Phone _____
Child Resides with _____ mother _____ father _____ both _____ guardian
Mother's/Guardian's Cell # _____ Mother's/Guardian's Email _____
Father's/Guardian's Cell # _____ Father's /Guardian's Email _____
Mother's Employer _____ Phone # _____
Father's Employer _____ Phone # _____
Alternate Person to be Notified _____ Relationship _____
Phone _____ Address _____
Second Alternate _____ Relationship _____
Phone _____ Address _____
List any allergies, special health problems or disabilities: _____

In case of an accident or serious illness, I request the school to contact me. If an emergency should occur and I cannot be reached, the school may then attempt to admit my child to the nearest hospital or doctor's office. The school staff has my permission to give Tylenol when necessary. _____ Yes _____ No

Parent/Guardian's Signature

Date

CHECK BOX IF ADDRESS, EMAIL OR PHONE NUMBERS FROM PREVIOUS SCHOOL YEAR HAVE CHANGED