

ST. ANDREW AVELLINO CATHOLIC ACADEMY
STUDENT EMERGENCY INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

FAMILY NAME: _____

Child's Name: _____ Class: _____

DOB: _____ Social Security Number: _____

Address: _____ Apt _____ Pvt Hse _____

_____ Zip Code: _____

Home Telephone: _____

Mother: _____

Work No. _____ Cell No. _____

Father: _____

Work No. _____ Cell No. _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Telephone No. _____ Cell No. _____

Name: _____ Relationship: _____

Telephone No. _____ Cell No. _____

Doctor's Name: _____ Telephone No. _____

Please list below the Name of your HEALTH PLAN PROVIDER/PLAN # for which your child is covered. This information is needed in case of an extreme EMERGENCY.

Name: _____ Policy # _____

A copy of this Form will be kept in the Main Office, your Child's File and kept by your Child's Teacher.

All Information is kept CONFIDENTIAL

File: 201112StudentEmergencyInformation

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