

Holy Rosary Academy & Preschool 2017-2018 Student Emergency Information

Student's Last Name: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Full Name: _____ Social Security Number: _____

Employer/Occupation: _____ Work Phone: _____

Work Address: _____ Mobile Phone: _____

Father's Full Name: _____ Social Security Number: _____

Employer/Occupation: _____ Work Phone: _____

Work Address: _____ Mobile Phone: _____

Child's Full Name	Birth Date	Grade for 2017-2018	Allergies/Medications

EMERGENCY CARE INFORMATION - IF A PARENT CANNOT BE REACHED, PLEASE CONTACT ANY OF THE FOLLOWING LISTED INDIVIDUALS. THEY ARE AUTHORIZED TO ACT IN OUR ABSENCE, AND WILL BE INFORMED THAT THEIR NAME HAS BEEN USED ON THIS FORM. IN THE EVENT NO ONE CAN BE REACHED, I GIVE HOLY ROSARY ACADEMY & PRESCHOOL PERMISSION TO ACT ON MY BEHALF IN MAKING MEDICAL DECISIONS FOR MY CHILD(REN).

Name	Relationship to Child	Home Phone	Work Phone

Child's Physician Name: _____ Phone: _____

Health Insurance Co: _____ Policy #: _____ Group #: _____

Comments: _____

E-Mail address: _____

Parent Signature: _____ Date: _____