

Emergency Contact Information

In case of an emergency, please list individuals to contact
(parents or guardians first).

Complete and return this form by September 7.2010.

Student Name _____ Grade _____
Student Name _____ Grade _____
Student Name _____ Grade _____

Contact #1

Name _____ Relationship PARENT

Home Phone _____

Secondary Phone _____

Contact #2

Name _____ Relationship PARENT

Home Phone _____

Secondary Phone _____

Contact #3

Name _____ Relationship _____

Home Phone _____

Secondary Phone _____

Contact #4

Name _____ Relationship _____

Home Phone _____

Secondary Phone _____

Special Medical Considerations

Allergies _____

If your child needs to take oral medication at school, please complete the Authorization for Administration of Oral Medication at School form. Both the form and the identified medication(s) should be brought to the school office.

Doctor _____ Phone _____

Are there any activities in which your child should not participate? Please list.

If your child requires emergency care or overnight care at the school, are there any conditions we should be aware of?

In the event of a severe emergency or natural disaster, I recognize I may not be able to be reach. Should such an incident occur, I authorize St. Anne School to refer my child (ren), as appropriate, for any necessary medical treatment. It is my intent and understanding that this medical release will be used only in cases of extreme emergency, when attempts to reach me have failed.

Parent/Guardian Signature

Date Signed