

St. Mary's School
Emergency Contact Information
2017/2018

Family Name: _____

Parent Name: _____

Parent Signature: _____

This Form must be on file in the school office - **Please Print all information**

Our first attempt for contact, in case of a student illness or injury, will always be one of the parents. If your work or home number changes during the school year, please make sure you give us updated information. This information has already been provided on the **Parent/Student Information Sheet**.

Please assume that an occasion may arise when you will not be available for us to contact. List below, in the order you would like us to attempt to contact, names, daytime phone numbers and relationship of people **who have your permission** to pick the child up at school.

Contact #1:

Name: _____

Relationship to student: _____

Phone #1: _____ home cell work (circle one)

Phone #2: _____ home cell work (circle one)

Contact #2:

Name: _____

Relationship to student: _____

Phone #1: _____ home cell work (circle one)

Phone #2: _____ home cell work (circle one)

Contact #3:

Name: _____

Relationship to student: _____

Phone #1: _____ home cell work (circle one)

Phone #2: _____ home cell work (circle one)

**Please use the back of this form if you need to list additional contacts.

Please list any allergies or condition we should know about below. Please indicate which child, if you have more than one child enrolled.

Child's name:	Allergies or condition:
_____	_____
_____	_____
_____	_____