

**EMERGENCY INFORMATION**  
Saint Francis Xavier

**FAMILY INFORMATION**

FAMILY LAST NAME		STUDENT LAST NAME	HOME PHONE #
HOME ADDRESS		CITY, STATE	ZIP CODE
PARENT OR GUARDIAN		EMPLOYER	HOURS
WORK ADDRESS		OK TO CALL AT WORK Y/N	TELEPHONE #
PARENT OR GUARDIAN		EMPLOYER	HOURS
WORK ADDRESS		OK TO CALL AT WORK Y/N	TELEPHONE #
E-MAIL ADDRESS MOM		E-MAIL ADDRESS DAD	CELL PHONE MOM CELL PHONE DAD
STUDENT FIRST NAME	BIRTHDATE	GRADE	PRECAUTIONS-ALLERGIES

**AUTHORIZED TO PICK UP CHILD DURING SCHOOL HOURS**

NAME	RELATIONSHIP	TELEPHONE #

**EMERGENCY CARE INFORMATION** Limit 2 local relatives, neighbors or friends to whom you designate full authority and temporary care of your child if YOU CANNOT BE REACHED IMMEDIATELY.

Name	Relationship	Home phone	Cell phone

IN CASE OF EMERGENCY I AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE CANNOT BE REACHED AND FOLLOW HIS/HER INSTRUCTIONS

DOCTOR NAME	TELEPHONE #
CHOICE OF HOSPITAL	

I AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE, PARAMEDICS OR FIRE DEPARTMENT AND TO FOLLOW THEIR INSTRUCTIONS. THE SCHOOL DOES NOT ASSUME ANY RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN.

PARENT OR GUARDIAN SIGNATURE	DATE
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