

St. Catherine's Elementary School

EMERGENCY INFORMATION

Medical/Alert:  (Refer to "Medical/Alert" section if Medical/Alert Box is RED)

Student's Photo (Picture will be supplied by the School) Student's Name: Date of Birth: Grade: Family Doctor: Phone:

Family Name:

Parent or Guardian

Name: Address: Work Phone: Cell Phone:

Parent or Guardian

Name: Address: Work Phone: Cell Phone:

MEDICAL/ALERT

Medical Alert: Allergies: Does student carry medication? Yes No Care Card #

My child should NOT be released to:

Name: Name:

GENERAL INFORMATION

Student's Address: Home Phone:

The following person/s are authorized to pick up my child in an emergency:

Name: Phone: Name: Phone: Name: Phone: Name: Phone:

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