ST MARY NATIVITY SCHOOL
EMERGENCY FORM

STUDENT(S) NAME GRADE

_____ _____

_____ _____

_____ _____

_____ _____

HOME ADDRESS _____ Home Phone _____

MOTHER'S NAME _____ Place Employed _____ Work Ph. _____

FATHER'S NAME _____ Place Employed _____ Work Ph. _____

MOTHER'S CELL _____ FATHER'S CELL _____

*If separated or divorced - Do you consent to the Child(ren) being released to the non-custodial parent? Yes_____ No_____

EMERGENCY NUMBER TO CALL IF PARENTS ARE NOT AVAILABLE:

NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ (H,CELL,WK) _____ (H,CELL,WK)

STUDENT(S) ALLERGIES: _____

I GIVE PERMISSION FOR MY CHILD TO RECEIVE TREATMENT IN AN EMERGENCY WHEN I CANNOT BE CONTACTED. EMERGENCY TRANSPORTATION BY AMBULANCE WILL BE PAID AT THE PARENT'S EXPENSE.

_____

PARENT OR GUARDIAN SIGNATURE DATE

Email Address _____