

# STUDENT EMERGENCY DATA – 20\_\_\_\_ - 20\_\_\_\_\_ St. Mary's Church

**Student Legal Name:** (Last, First M.I.) \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ (in school now)  
**Does Student have learning disabilities:** Yes  Which: \_\_\_\_\_ No   
**Catechist:** \_\_\_\_\_

Home # / Cell. # ( \_\_\_\_\_ ) \_\_\_\_\_ Other # ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**NAME OF FATHER/GUARDIAN:** \_\_\_\_\_

Lives at home  or away  Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Bus. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**NAME OF MOTHER/GUARDIAN:** \_\_\_\_\_

Lives at home  or away  Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Bus. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## **Person(s), including adult siblings, who have my permission to (I.D. WILL BE REQUIRED) PICK UP MY STUDENT FROM CHURCH:**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### **Students E-Mail:** \_\_\_\_\_

(if you have more than one student, each should have a separate e-mail address)

## **IMPORTANT INFORMATION**

This information is needed in case your child becomes ill at St. Mary's Catholic Church. Parents are often away from home the day something unexpected happens, and we are unable to locate them. It is therefore most important that we have the name of a relative or friend who will assume responsibility for the parents in their absence. By completing this card, you are also giving permission for those listed to pick up and remove your child from St. Mary's Catholic Church in case of an emergency or personal reason such as doctor or dental appointments or any reason that you are unable to pick up your student yourself. Please inform St. Mary's Religious Education Office if any information on the other side of card changes.

**Do we have your permission to take pictures of your child in church events:** Yes  No

**Does your child have a conditions requiring special medical emergency care:** \_\_\_\_\_

**Health Problems:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medication, regular:** \_\_\_\_\_

**Medication, at Church:** \_\_\_\_\_

**History of Seizure:** Yes ( ) No ( )

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_