

**Diocese of Metuchen
School Office
Student Emergency Information
Pre-K through Grade 8**

In the event of an emergency and none of the persons listed on the form are available, I authorize the school to take my child to a hospital /doctor's office for emergency care.

(This form shall be filed out each September) Please type or print legibly.

STUDENT: NAME _____ **SEX:** M F **GRADE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME TELEPHONE _____ **DATE OF BIRTH** ____/____/____

FATHER: NAME _____

Cell Phone _____ E-mail _____

Home Address - If not residing at home with student:

Name of Company/Business _____

Occupation _____ Telephone _____

MOTHER: NAME _____

Cell Phone _____ E-Mail _____

Home Address-If not residing at home with student:

Name of Company/Business _____

Occupation _____ Telephone _____

In case of an emergency, list three names of persons who could be contacted, if the parents are not available or cannot be reached.

Name _____ Relationship to Child _____

Telephone (home) _____ (cell) _____

Name _____ Relationship to Child _____

Telephone (home) _____ (cell) _____

Name _____ Relationship to Child _____

Telephone (home) _____ (cell) _____

Siblings (put an X next to name if not residing at home)

Other persons residing in the home

___ Name _____	Date of Birth _____
___ _____	___ _____
___ _____	___ _____
___ _____	___ _____

Name _____

Home Situation –

___ Parents reside together	___ Single parent home - Father or Mother (circle one)
___ Parents separated	___ Father remarried ___ Mother Deceased
___ Parents divorced	___ Mother remarried ___ Father Deceased
___ Guardian cares for child	___ Parents not married

Where parents are divorced/separated, who has legal (official) custody?

(Legal custody papers should be in the permanent record folder)

Medical Doctor:

Name _____

Telephone () _____

List any allergies: None

Dentist:

Name _____

Telephone () _____

List any health/medical problems: None

TRANSPORTATION:

Please check one

___ Bus ___ Parents reimbursed by state transportation dept.

___ Car ___ Walker ___ After Care

List Medicine/drugs taken regularly:

Signed _____

Relationship to child _____ Date _____