

DE PAUL CATHOLIC HIGH SCHOOL 20__ - 20__
EMERGENCY INFORMATION CARD

Please Print

Grade _____

Student's Name _____

Address _____ Home Tel. _____

City _____ Birth Date _____

Where parents can be reached between 7:30 AM – 3 PM (work #):

Mother: _____ Tel.#1 _____
Tel #2 _____
E-Mail _____

Father: _____ Tel.#1 _____
Tel #2 _____
E-Mail _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Tel.#1 _____
Tel #2 _____
Address _____ City _____

2. Name _____ Tel.#1 _____
Tel.#2 _____
Address _____ City _____

Date _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name _____

Address _____ City _____

Office Tel. No. _____ Other Tel No. _____