

Saint Mary's Catholic School – Richmond
Emergency Notification Information
School Year 2016-2017

Last Name of Student(s) Enrolled: _____

Complete one column of information for each student enrolled:

	Student Name	Student Name	Student Name	Student Name
Grade / Age:				
Homerroom:				
List of Allergies:				
Current Medications:				

Parent/Legal Guardian Information Please complete a section for each parent	
Parent Full Name:	Parent Full Name:
Relationship to Student(s):	Relationship to Student(s):
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Cell Phone Number:	Cell Phone Number:
Place of Employment:	Place of Employment:
Email:	Email:

Please list below optional persons to contact in case of emergency. Any persons listed should have the ability to pick up the ill or injured student from school in the event that no parent/legal guardian can do so.	
Full Name:	Full Name:
Relationship to Student(s):	Relationship to Student(s):
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Cell Phone Number:	Cell Phone Number:
Place of Employment:	Place of Employment:
Email:	Email:

Family physician: _____ Phone# _____

Family dentist: _____ Phone# _____

Hospital Preference: _____

In the event that emergency medical treatment is deemed necessary and the parent(s)/legal guardian(s) named on this sheet cannot be reached, I/we give permission for the administration of Saint Mary's Catholic School - Richmond to obtain the necessary emergency medical care.

Each parent/legal guardian must sign _____
