

**ST. JOSEPH'S SCHOOL**  
**Student Emergency Form Grades K- 5**

Please complete the following for our school records:

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ / \_\_\_\_\_  
Mother Father

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_

Father's Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Other persons who could be contacted in case of emergency and are able to provide consent for emergency care: (Local names only, please)

Name                      Address                      Phone

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Name of babysitter or child care provider:

\_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Is child under treatment by physician now? \_\_\_\_\_

For what condition? \_\_\_\_\_

---

Is child on any medication regularly? Yes \_\_\_ No \_\_\_ What medication? \_\_\_\_\_

Does this child have allergies? Yes \_\_\_ No \_\_\_ To what? \_\_\_\_\_

Are there any other health conditions that the school should be aware of? \_\_\_\_\_

In the event of an emergency, and you were unable to be reached, do you authorize school authorities to procure emergency aid for your child at your cost?

Yes \_\_\_\_\_ No \_\_\_\_\_

Other directions for emergency care \_\_\_\_\_

---

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*