

ST. BONIFACE PUPIL EMERGENCY INFORMATION
School Year 2010-2011

Parent/Guardian - Last Name _____

On several occasions, we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below? When both parents are working, it is especially important to have this information. Another important consideration is the single parent and/or stepparent family relationship.

Only one emergency form per family is necessary.

Name of Child _____ Special Health Conditions _____

Name of Child _____ Special Health Conditions _____

Name of Child _____ Special Health Conditions _____

Name of Child _____ Special Health Conditions _____

Home Address _____ Phone _____

Name of Father _____ Phone _____ Cell _____

Employer _____

Name of Mother _____ Phone _____ Cell _____

Employer _____

If divorced, which is the custodial parent? _____

If custodial parent cannot be reached, may the school contact non-custodial parent? _____

List two (2 or 3) responsible adults who will assume responsibility for your child if parent(s) cannot be reached. We will always try the parents first at home or work but if they cannot be reached we need phone numbers.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician of Choice _____ Phone _____

Hospital of Choice _____ Phone _____

If you and the physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible school authorities to send your child, (properly accompanied) to an available hospital or physician? _____

Signature of Parent or Guardian _____