

St Francis School
Student Emergency Data

Student's Name _____

Date of Birth _____ Grade _____

Mother or Guardian _____

Home Address _____

Home Phone _____ Business Phone _____

Father or Guardian _____

Home Address _____

Home Phone _____ Business Phone _____

IF SCHOOL CANNOT CONTACT PARENT, NAME A FRIEND OR RELATIVE WHO MAY BE CALLED UPON IF THE CHILD IS ILL. YOU MAY ALSO NAME A DOCTOR THE SCHOOL MAY CALL.

Friend or Relative _____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

If none of the above can be contacted what do you wish the school to do if the child is sick or injured?

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian

Date