

St Francis School
Student Emergency Data

Student's Name _____

Date of Birth _____ Grade _____

Mother/ Guardian _____ Cell Number _____

Home Phone _____ Business Phone _____

Father/ Guardian _____ Cell Number _____

Home Phone _____ Business Phone _____

IF SCHOOL CANNOT CONTACT PARENT IF THE CHILD IS ILL, PLEASE LIST PERSONS WHO MAY BE CALLED.

Friend or Relative _____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

If none of the above can be contacted, what action you desire the school to do if the child is critically 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. This emergency sheet will remain in the child's folder during the duration of his/her enrollment at this school.

Signature of Parent or Guardian

Date