

**EMERGENCY DATA 2011-2012**  
**DUE JUNE 1<sup>st</sup>**

**THIS FORM IS TO BE COMPLETED EVERY YEAR. IT IS VERY IMPORTANT THAT YOU UPDATE CHANGES THROUGHOUT THE SCHOOL YEAR.**

**PLEASE PRINT LEGIBLY OR TYPE**

**LAST NAME:** \_\_\_\_\_

**STUDENT NAME/GRADE:**

- 1) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_  
2) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_  
3) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **MOTHER'S NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**WK PHONE:** \_\_\_\_\_ **EXT** \_\_\_\_\_ **WK PHONE:** \_\_\_\_\_ **EXT** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**FATHER'S HOME ADDRESS:** \_\_\_\_\_ **MOTHER'S HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO THE CHILDREN RESIDE WITH BOTH PARENTS? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**IF NO, PLEASE INDICATE THE PRIMARY MAILING ADDRESS:** \_\_\_\_\_

**FATHER'S PLACE OF EMPLOYMENT:** \_\_\_\_\_

**FATHER'S PRIMARY EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER'S PLACE OF EMPLOYMENT:** \_\_\_\_\_

**MOTHER'S PRIMARY EMAIL ADDRESS:** \_\_\_\_\_

**OVER →**

## MEDICAL INFORMATION

(This form must be completed in detail. It is the responsibility of the parents to keep St. John's Episcopal School informed of any changes in your child's medical status.)

1. Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Medical condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

2. Child's name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Medical condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

3. Child's name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Medical condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

**We will attempt to call a parent should your child become ill or have an accident at school. If a parent is unable to be contacted, please list at least two names and telephone numbers of people willing to take responsibility for your child in case of illness or accident.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RELEASE:** I authorize officials at St. John's Episcopal School to administer first aid/or to take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent (guardian) can be contacted. (Transfer by rescue squad in emergency situations.)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

