



EMERGENCY

ST. EDITH FAMILY EMERGENCY INFORMATION - 2023-2024

FAMILY NAME: _____

1. Child Last Name: _____
First Name: _____ Grade: _____
Birthdate: _____ Male: ___ Female: ___
Allergy Information: _____ Illness Information: _____

2. Child Last Name: _____
First Name: _____ Grade: _____
Birthdate: _____ Male: ___ Female: ___
Allergy Information: _____ Illness Information: _____

3. Child Last Name: _____
First Name: _____ Grade: _____
Birthdate: _____ Male: ___ Female: ___
Allergy Information: _____ Illness Information: _____

4. Child Last Name: _____
First Name: _____ Grade: _____
Birthdate: _____ Male: ___ Female: ___
Allergy Information: _____ Illness Information: _____

Student's Residence Information

Address: _____ City: _____ State: ___ Zip: _____

Legal Guardian's Information:

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Full address: _____

Mother's Email: _____ Employer: _____

In case of emergency, is the above information the best way to contact you? ___ Yes ___ No

If no, please provide an alternative number: _____ - _____ - _____

Father's Name: _____ Father's Cell Phone: _____

Father's Full address: _____

Father's Email: _____ Employer: _____

In case of emergency, is the above information the best way to contact you? ___ Yes ___ No

If no, please provide an alternative number: _____

ST. EDITH FAMILY EMERGENCY INFORMATION - Continued

FAMILY NAME: _____

The following adults are home during the day and will assume care of my child if I cannot be reached:

Name: _____ Relationship to student: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Physician's Name and Insurance Information

In case of an accident or serious illness, I request the St. Edith Catholic School to contact me. If St. Edith Catholic School cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the physician, St. Edith Catholic School may make whatever arrangements seem necessary.

Physician's Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____

Insurance Company: _____

Policy Number: _____

Signature of Parent or Legal Guardian: _____

Additional medical information regarding your child/ren:



ST. EDITH FAMILY PICK UP INFORMATION - 2023-2024

FAMILY NAME: _____

1. Child 1: _____ Grade: _____

2. Child 2: _____ Grade: _____

3. Child 3: _____ Grade: _____

4. Child 4: _____ Grade: _____

The following people have my permission to pick up our child(ren) if we are not available:

Person 1:

Name: _____

Phone: ____ - ____ - _____ Relationship: _____

Person 2:

Name: _____

Phone: ____ - ____ - _____ Relationship: _____

Person 3:

Name: _____

Phone: ____ - ____ - _____ Relationship: _____

I understand it is our responsibility to contact the St. Edith Catholic School Office to update this pickup information.

Signed: _____ Date: _____