



St. Mary's Visitation Parish School
2007 – 2008
EMERGENCY INFORMATION RECORD

	CHILD(REN)	HOMEROOM	GRADE
		TEACHER	
LAST NAME _____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

ADDRESS _____ PHONE (____) _____ (home)

CITY _____ STATE _____ ZIP CODE _____

MOTHER/GUARDIAN: _____ WORK PHONE NUMBER (____) _____

OCCUPATION _____ CELL PHONE NUMBER (____) _____

FIRM _____

FATHER/GUARDIAN _____ WORK PHONE NUMBER (____) _____

OCCUPATION _____ CELL PHONE NUMBER (____) _____

FIRM _____

EMERGENCY INFORMATION:

Emergency contact: _____ Phone (____) _____

Specify Relationship: (neighbor, relative, etc.) _____

Family Physician: _____ Phone (____) _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

SIGNATURE OF PARENT OR GUARDIAN

If applicable: Day Care Name: _____ Phone (____) _____

Days attending: M T W T F

IMPORTANT INFORMATION

Allergy Reaction To: _____

Medication Currently (date): _____ Taking: _____

For: _____

Restriction of Activity (Please state the degree of restriction and why it is necessary):

Other Physical Condition: (explain) _____
