Student Emergency Form – 2023-2024
(One Form Per Child – Revised 6/2022)

ST. MARGARET MARY
CATHOLIC SCHOOL

Student Name: _____

Grade: _____   Birthdate: _____

If divorced, who is the custodial parent? _____

If custodial parent cannot be reached may we contact NON-CUSTODIAL parent?   **Yes**   **No**

Mother Address: _____

Mother Name: _____

Mother Email: _____

Mother Cell Phone: _____

Cell Phone Carrier (i.e. ATT, Verizon, etc.) _____

-Need carrier name in order to receive texts from school-

Mother Place of Employment: _____

Mother Work Phone: _____

Father Address: _____

Father Name: _____

Father Email: _____

Father Cell Phone: _____

Cell Phone Carrier (i.e. ATT, Verizon, etc.) _____

-Need carrier name in order to receive texts from school-

Father Place of Employment: _____

Father Work Phone: _____

Does your child wear any of the following (please circle):

Glasses   Contacts   Braces   Retainer   Other: _____

Child Allergies: What is your child allergic to and what is the reaction? – please indicate below:

Allergy & Reaction: _____

Medicine & Dosage for Allergies: _____

Please list any medications your child takes at home or at school:

Prescribed Medication & Dosage: _____

Over the Counter Medication & Dosage: _____

Any Other Health Concerns: _____

Physician Name & Phone: _____

If you would like your child to have access to these medicines or any other medicines not listed on this form during the school day, please complete a medical authorization form. Then bring the medical authorization form and medicines to the school office.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM. THANK YOU!

Emergency Contacts: *(Please list Name – Phone Number – Relationship to your child)*

1. _____
2. _____
3. _____

~If parent cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is needed, do you authorize the responsible authorities to send your child, accompanied by a school official, to the nearest hospital?   **Yes   No**

~May we ***photograph*** your child when taken for publicity purposes: **Y Yes   No**

Please use the area below to list any other information the school should know about your child.
Thank you!

Student Name: _____

Additional Notes:

_____

_____

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