

Student Emergency Information Sheet

Please Print

Date: _____

Current Grade _____

First Name _____ M.I. _____ Last Name _____

Nickname _____ Gender/Circle: M F Birthdate: ___ / ___ / ___

Religion of Student _____ Church of Baptism _____

Date of BAPTISM ___ / ___ / ___ FIRST COMMUNION ___ / ___ / ___ CONFIRMATION ___ / ___ / ___

In the event of an emergency during school hours we will contact the following in the order you indicate:
PLEASE MAKE SURE TO GIVE COMPLETE INFORMATION.

NAME OF CONTACT PERSON	RELATIONSHIP TO CHILD	DAYTIME PHONE NUMBER
1.		
2.		
3.		
4.		

In the event of an accident or acute illness, I give permission for St. Gerard School personnel to seek emergency assistance.

 Parent's signature

Name of Physician: _____ Phone: _____

Please list any allergies, medical problems or medical concerns:

Parent's initials indicate above information is correct and complete.

Kdg.	Gr 1	Gr 2	Gr 3
Gr 4	Gr 5	Gr 6	Gr 7
Gr 8			

Father, Step-father, or Guardian (circle one)

Mother, Step-mother, or Guardian (circle one)

First Name _____

First Name _____

Last Name _____

Last Name _____

Work Phone _____ Okay to call

Work Phone _____ Okay to call

Occupation _____

Occupation _____

Employer _____

Employer _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

E-mail _____

E-mail _____

Street Address _____

Street Address _____

City _____ Zip Code _____

City _____ Zip Code _____

Public School District _____

Public School District _____

Father's Religion _____

Mother's Religion _____

Country of Birth if other than USA _____

Country of Birth if other than USA _____

Education:

Education:

Grade School _____ High School _____

Grade School _____ High School _____

College _____ Graduate School _____

College _____ Graduate School _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____ Widowed _____

With whom does the child live? Both parents _____ Mother _____ Father _____ Other _____

Siblings:(Please list oldest first. Include preschoolers.)

Name _____ Birthdate _____ Present Grade _____ School Attending _____

Name _____ Birthdate _____ Present Grade _____ School Attending _____

Name _____ Birthdate _____ Present Grade _____ School Attending _____

Name _____ Birthdate _____ Present Grade _____ School Attending _____

Family has been registered with St. Gerard Parish since _____ and has regularly tithed to the parish.

or Family is presently registered with _____ Parish located in (city) _____ (state) _____.