



# Emergency Contact Sheet 2021-2022

PLEASE PRINT

Last Name of Student(s): \_\_\_\_\_

Last Name of Parents (If different): \_\_\_\_\_

## Student Information

Student Name	Grade	Resides With

**Primary Contact:** Please list contact information in the order in which you would like to be contacted:

Name of Contact Relationship to Student(s)	Contact Phone Number (Please list by Preference)	Contact Email Address and Mailing Address
_____ First                      Last  _____ Relationship	_____ Preferred phone number to call  _____ Second phone number to call	_____ Email Address  _____ Street address  _____      _____      _____ City                      State                      Zip
_____ First                      Last  _____ Relationship	_____ Preferred phone number to call  _____ Second phone number to call	_____ Email Address  _____ Street address  _____      _____      _____ City                      State                      Zip

**Emergency Contact –** if above numbers cannot be reached. Please list in order of preference:

Name of Contact	Relationship to Student(s)	Contact Phone Number (Number by Preference)
		Phone #1 Phone #2
		Phone #1 Phone #2

## Emergency & Medical Information

My children who attend St. Teresa School have the following health problem (i.e. allergies, asthma, diabetes, heart problems):  N/A (initial if not applicable)

Name of Child	Grade	Health Problem	List Medications (in addition, complete authorization form found on website)

**Other information that may be pertinent to your child(ren):** (i.e. transportation restrictions, physical education restrictions) Please list by child.  N/A (initial if not applicable)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the individuals indicated on this form. If it is impossible to reach anyone on the contact list, the school may make whatever arrangements deemed necessary, including calling 911 and/or transporting my child to the hospital.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_