



Saint John XXIII Catholic School Family Emergency Data

Parent/Guardian Contact Emergency Information

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|--------------------------------------|--------------------------------------|
| First Parent/Guardian to be called: | First Parent/Guardian Phone Number: |
| Second Parent/Guardian to be called: | Second Parent/Guardian Phone Number: |

Other Local Emergency Contacts (if parents/legal guardian cannot be reached)

| | | |
|-----------------------|------------------|-------------------------|
| Local Contact #1 Name | Contact #1 Phone | Contact #1 Relationship |
| Local Contact #2 Name | Contact #2 Phone | Contact #2 Relationship |
| Local Contact #3 Name | Contact #3 Phone | Contact #3 Relationship |

Children May Be Picked Up By (in addition to parents and emergency contacts)

| | | |
|------|---------------|----------------------|
| Name | Contact Phone | Contact Relationship |
| Name | Contact Phone | Contact Relationship |
| Name | Contact Phone | Contact Relationship |

Children May NOT Be Picked Up By (you must provide documentation if listing a biological parent)

| | |
|------|----------------------|
| Name | Contact Relationship |
| Name | Contact Relationship |

Comments or Exceptions to Any of the Above Information

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Medical Personnel Information

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|--|--------------------------------|
| Family Doctor Name | Family Doctor Phone Number |
| Family Dentist Name | Family Dentist Phone Number |
| Family Eye Doctor Name | Family Eye Doctor Name Number |
| Preferred Hospital Name | Preferred Hospital Name Number |
| In case of injury or sudden illness, I hereby give authority to the school nurse or school administrator to seek medical attention. I accept responsibility for payment of expenses incurred. | Initial here |
| As a parent/legal guardian, I authorize the treatment of my minor child/ren by a qualified and licensed medical physician in the event of an emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. | Initial here |
| Child Lives With: | Relationship: |
| Parent/Guardian Signature | Date |