



## Saint John XXIII Catholic School Family Emergency Data

### Parent/Guardian Contact Emergency Information

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

### Medical Personnel Information

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