



South Boston Catholic Academy
2011-2012
STUDENT EMERGENCY INFORMATION

Student's name _____ Grade _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Student lives with: Name _____

Relationship to student: mother & father, mother, father, grandparents, guardian (circle)

Mailing title _____

(Mr. & Mrs. Ms. Mr.)

Father's name _____ Emergency Phone _____

(work or cell)

Mother's name _____ Emergency Phone _____

(work or cell)

e-Mail _____ (please print clearly)

If a parent/guardian cannot be reached at a phone number listed above, please provide an additional emergency phone number.

Name	relationship	phone
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The school is authorized to release this student to the following individuals:
(Additional names can be listed on reverse side)

Name	relationship	phone
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Name	relationship	phone
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FOR EMERGENCY USE ONLY

Please complete the following items. This information will be shared only with individuals on a need to know basis.

Medical conditions _____

Medications required (note frequency) _____

Allergies (note allergies to food or medication) _____

Physician _____

Parent Signature _____ Date _____