

**STUDENT EMERGENCY CONTACT FORM**

**2018-2019**

Please complete in **black ink**. This information must be returned to the office before the first day of school in order for your child to attend school.

PARENT/GUARDIAN NAME \_\_\_\_\_  
last first middle

\_\_\_\_\_ last first middle

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

This is a new address

Preferred Email Address: \_\_\_\_\_

911 address (required) 5-digit #, plus street: \_\_\_\_\_

town, plus zip code: \_\_\_\_\_

PLEASE LIST ONLY CHILDREN ATTENDING ST. JOHN'S SCHOOL. List child's last name if different from parent

_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____

Mother/Guardian may be reached at \_\_\_\_\_ Phone \_\_\_\_\_  
(place of employment)

Cell phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Father/Guardian may be reached at \_\_\_\_\_ Phone \_\_\_\_\_  
(place of employment)

Cell phone \_\_\_\_\_ E-Mail \_\_\_\_\_

In case either of the above cannot be contacted, please list two additional names of those you wish to be called. Individuals named in this section would have your approval to pick up your child from school with only phone permission from you. Written permission would not be required.

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Day Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE CONTINUE...**

Are there any specific health problems that should be brought to our attention? Examples: asthma, seizures, allergies to medications, iodine, shellfish, or foods.

\_\_\_\_\_Yes \_\_\_\_\_No If yes, please explain \_\_\_\_\_

My child (Name)\_\_\_\_\_wears: glasses\_\_\_\_\_contacts\_\_\_\_\_has hearing problems\_\_\_\_\_

Does your child need an Epi Pen? (circle one) Yes No

Does your child need an inhaler? (circle one) Yes No

If you checked yes to Epi Pen, an Allergy Agreement Form is also due along with a Epi Pen form. Please see our website, [www.sjshollywood.org](http://www.sjshollywood.org), parent tab, medical forms, for all forms. If you checked yes for Inhaler, you will need the Inhaler Form, also on our website. If your child takes any other medicine, please use the Student Medication Form also on the website.

\*\*\*\*\*PLEASE SEE HANDBOOK FOR PROCEDURES REGARDING MEDICINE\*\*\*\*\*

ALL family & student(s) information (names, address, phone numbers (home and cell) and home email address will be listed in the school directory. This directory will be useful if you need to switch bingos.

My student(s) will arrive by: (circle one) Car Bus # \_\_\_\_\_ (include bus #)

My student(s) will leave by: (circle one) Car Bus # \_\_\_\_\_ (include bus #)

My student(s) will be in before care: (circle one) yes no Will be in after care: (circle one) yes no

Please notify your teacher and school office whenever plans are changed.

PLEASE REVIEW THIS FORM AND MAKE SURE IT IS FILLED OUT IN ITS ENTIRETY BEFORE SIGNING.

\_\_\_\_\_  
father/step-f./guardian signature)

\_\_\_\_\_  
mother/step-m./guardian signature

BOTH SIGNATURES REQUIRED WITHIN SAME RESIDENCE