

ST. THOMAS THE APOSTLE SCHOOL EMERGENCY CONTACT FORM

_____ Student's Name	_____ Homeroom	_____ Date of Birth	M F Sex
_____ Mother's/Guardian's Name	_____ Father's/Guardian's Name		
_____ Address	_____ Address		
_____ City/State/Zip	_____ City/State/Zip		
_____ Home Phone	_____ Home Phone		
_____ Work Phone	_____ Work Phone		
_____ Cell Phone	_____ Cell Phone		
_____ E-mail	_____ E-mail		

ALTERNATIVE EMERGENCY CONTACT INFORMATION

_____ Primary Contact	_____ Secondary Contact
_____ Home Phone	_____ Home Phone
_____ Cell Phone	_____ Cell Phone
_____ Relationship to Child	_____ Relationship to Child

IN CASE OF AN UNSCHEDULED CLOSING OR EARLY DISMISSAL

Send child home on bus? YES NO (Please circle one)

My child may be released to: 1. _____ 2. _____

Please list the names and grades of any siblings at St. Thomas:

MEDICAL INFORMATION

List any allergies: _____

List any health/medical problems: _____

Child's Primary MD Name/Phone 3: _____ Hospital Preference: _____

Parent Signature: _____ Date: _____