

**St. Patrick Catholic Academy
Student Emergency Contact**

STUDENT INFORMATION

Grade: _____

Student's Last Name: _____ First Name: _____

Students nickname, if applicable: _____ Student's Birthday: _____

Student lives with { } Both Parents { } Mother { } Father

PARENT 1 INFORMATION:

Last Name: _____ First Name: _____

Home Telephone: _____ Cell: _____

Home Address: _____ APT _____

City, State, Zip _____

Email Address: _____

PARENT 2 INFORMATION:

Last Name: _____ First Name: _____

Home Telephone: _____ Cell: _____

Home Address: _____ APT _____

City, State, Zip _____

Email Address: _____

Incase of emergency contact: { } Both Parents { } Mother { } Father

If parents are not reachable contact:

Last Name: _____ First Name: _____

Contact Telephone: _____

Relationship to Student _____

Last Name: _____ First Name: _____

Contact Telephone: _____

Relationship to Student _____

If your child has any allergies or medical condition that we should be aware of?

If applicable, babysitter/nanny's name: _____

Babysitter/Nanny's Name Number: _____

Please indicate all that apply:

{ } My child will be picked up by a parent

{ } My child may be picked up by _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

{ } My child will walk home from school by himself/herself

{ } My child will take public transportation by himself/herself