

**Saint Vincent Ferrer School
Family Emergency Information 2017-2018**

Family Name: _____

Address: _____

Child: _____ Grade: _____

Child: _____ Grade: _____

Child: _____ Grade: _____

Child: _____ Grade: _____

Where can parents be reached if not at home?

Mother: _____
Emergency Phone Number First Name

Father: _____
Emergency Phone Number First Name

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Other: _____
Name Relationship Phone Number

Other: _____
Name Relationship Phone Number

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or one of my emergency contacts, I hereby authorize the school to call the physician/dentist listed below and to follow his/her instructions. If it is impossible to contact the physician/dentist, the school may make whatever arrangements deemed necessary.

Doctor: _____
Name Phone Number

Dentist: _____
Name Phone Number

Medications/
Allergies _____

Medical Issues: _____

In case of emergency, what hospital would you like your child taken to, if you could not be reached:

Signature of Parent/Guardian: _____ Date: _____