

**2015 - 2016 CATHOLIC EAST ELEMENTARY SCHOOL  
STUDENT EMERGENCY INFORMATION RECORD**

Last _____	First _____	Initial _____	Date of Birth _____	Grade _____
Last _____	First _____	Initial _____	Date of Birth _____	Grade _____
Last _____	First _____	Initial _____	Date of Birth _____	Grade _____
Last _____	First _____	Initial _____	Date of Birth _____	Grade _____
Last _____	First _____	Initial _____	Date of Birth _____	Grade _____

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Student lives with:** Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_

**Informational Emails should be sent to:** Father \_\_\_\_\_ Email Address \_\_\_\_\_

Mother \_\_\_\_\_ Email Address \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Please note: All school communications will be sent via email for the 2015 - 2016 school year**

**Father/Guardian:** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Home** Address (if different from student): \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Home** Address (if different from student): \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**EMERGENCY INFORMATION:**

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

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contacts:**

1. \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Allowed to pick up? Yes/No** \_\_\_\_\_  
**Name and Relationship to Student**

2. \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Allowed to pick up? Yes/No** \_\_\_\_\_  
**Name and Relationship to Student**

**In the event of emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of accidental injury.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**