

EMERGENCY CONTACT INFORMATION (ONE PER FAMILY)

The information on this sheet will be used during the school day for several different reasons. It is very important that the Parents, or someone responsible for your child(ren), can be reached from the information on this sheet. Please be sure the numbers that you list are current and include area codes, especially for cell phones. If numbers should change during the school year, please let the School's Office know as soon as possible.

Last Name of Child(ren)	First Name	Date of Birth	Grade
_____	_____	_____	_____
	First Name	Date of Birth	Grade
	_____	_____	_____
	First Name	Date of Birth	Grade
	_____	_____	_____
	First Name	Date of Birth	Grade
	_____	_____	_____

DO NOT LIST THE SAME # TWICE	DO NOT LIST THE SAME # TWICE
MOTHER	FATHER
First & Last Name:	First & Last Name:
Address:	Address:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Cell Telephone:	Cell Telephone:
DO NOT LIST THE SAME # TWICE	DO NOT LIST THE SAME # TWICE
GUARDIAN	RELATIVE OR NEIGHBOR
First & Last Name:	First & Last Name:
Address:	Address:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Cell Telephone:	Cell Telephone:

PERMISSION FOR EMERGENCY CARE

Date _____

In case of accident or serious illness affecting any of my children attending Holy Family Catholic Academy, I request that the School contact me. If the School is unable to reach me, I hereby authorize the School to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this Physician, or in the event of an emergency, the School may make whatever arrangements seem necessary.

Signature of Parent or Guardian _____

Local Physician's Name _____

Physician's Telephone Number _____