

Please print legibly

St. Bruno Catholic School "Student Emergency Information"

Student Name: _____ Student's Home Phone: () _____

Grade: _____ Date of Birth: _____ Parents: _____

Address: _____ City: _____ Zip: _____

Immediately notify School Office in writing when emergency #'s change - *Please indicate who should be called first.*

Mother's Telephone Information:

Work # _____ ext: _____ Cell # _____ Pager # _____

During school hours, **Mom** can be reached at: _____ e-mail address: _____

Father's Telephone Information:

Work # _____ ext: _____ Cell # _____ Pager # _____

During school hours, **Dad** can be reached at: _____ e-mail address: _____

In the event of an emergency, parents are immediately called FIRST

Please list 3 additional emergency contacts to call when parents cannot be located. Please be aware that these individuals are the only people the school is authorized to release your children to. Should you need someone not listed below to pick up your child, the school must have written notice signed by you in advance of the event.

_____ () _____
Contact Name #1 Contact phone # Relationship

_____ () _____
Contact Name #2 Contact phone # Relationship

_____ () _____
Contact Name #3 Contact phone # Relationship

(Please make sure your 3 contact names are willing to pick up your child in case of an emergency).

Does your child have a Medical Condition: YES / NO If yes, briefly explain your child's medical condition below.

Note: Parents must complete an office medication form for their child to receive medication during school hours. Students must submit all medications to the school office. Students are not allowed to keep medications in their backpacks or in their pockets during school. Students will not be given medication without a parent note and signed instructions from a physician.

Physician's Name: _____

Address _____ Phone: () _____

Consent: I understand that the school does not assume responsibility for payment of a physician. However, in an emergency you may choose a physician.

Parent Signature Parent Signature Date: _____

Please \checkmark Box and sign if this child is ALLOWED TO WALK HOME FROM SCHOOL

(Parent's signature granting permission):

Please \checkmark one Racial/Ethnic Origin (requested by the Archdiocese for the annual census)

Native American Filipino Asian/Pac.Islander African American/Black Hispanic/Latino
White/Other Multiracial