

ROSARIAN ACADEMY—2010-2011 EMERGENCY INFORMATION

Student Information

Last Name _____ First _____
Street _____ City _____ Zip _____ Grade _____
Date of Birth _____ S.S.# _____ Home Phone _____

Parent Information

Mother's name _____ Home phone _____
Place of employment _____ Work phone _____
Cell phone _____
Father's name _____ Home phone _____
Place of employment _____ Work phone _____
Cell phone _____

Parents are: Married Divorced Separated Widowed
Student is living with: Both parents Father Mother
 Guardian _____ (Last name)

Custody rests with: _____
Visitation rights (when): _____
Should we call you if the other spouse comes to see the child? No Yes

Medical/Emergency Information

The school is hereby informed that _____ has the following medical condition: _____ . His/her medical doctor is : _____ (phone) _____ .
Allergies (food or medicine): _____ . In case of an emergency bring child to this hospital: _____ .

In case of an emergency, and the parents cannot be reached, please call:

1. _____ Phone: _____ Relation: _____
2. _____ Phone: _____ Relation: _____

Mother/Guardian Name Printed

Father/Guardian Name Printed

Signature of Mother or Guardian

Signature of Father or Guardian

Important: The above information is imperative to the health and safety of your child and must be returned BY AUGUST 9, 2010. SIGNATURES OF BOTH PARENTS/GUARDIANS ARE MANDATORY.