



|                                       |            |            |
|---------------------------------------|------------|------------|
| Family Last Name                      |            |            |
| Address                               | City/State | Zip        |
| Parents With Whom Children Are Living |            | Home Phone |

**Persons to Notify in case of Emergency** (Please list in order of notification, first person to contact in row one).

| 1. Name | Relationship | Home Phone | Work Phone | Cell Phone |
|---------|--------------|------------|------------|------------|
| 2. Name | Relationship | Home Phone | Work Phone | Cell Phone |
| 3. Name | Relationship | Home Phone | Work Phone | Cell Phone |
| 4. Name | Relationship | Home Phone | Work Phone | Cell Phone |

**General Information**

| Child Name<br>(list all children) | Date of Birth | Family Physician &<br>Phone Number | Allergies (food,<br>Insects, etc.) | Date of Last<br>Tetanus Shot |
|-----------------------------------|---------------|------------------------------------|------------------------------------|------------------------------|
|                                   |               |                                    |                                    |                              |
|                                   |               |                                    |                                    |                              |
|                                   |               |                                    |                                    |                              |
|                                   |               |                                    |                                    |                              |
|                                   |               |                                    |                                    |                              |
|                                   |               |                                    |                                    |                              |

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problems or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child (include name of appropriate children).

**Insurance Information**

Name of Medical Insurance Company \_\_\_\_\_

Group or Identification Number \_\_\_\_\_

*I authorize Regis St. Mary Catholic School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that Regis St. Mary Catholic School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.*

**Parent/Guardian Signature** \_\_\_\_\_

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