

**EMERGENCY INFORMATION FORM
ST. FRANCIS XAVIER SCHOOL ~ 2021-2022**

Student's Name _____ DOB: _____ Grade _____ A/B/C
Home Address _____
Town _____ Zip Code _____ Home Phone _____

****please indicate if change from 2020-21 _____ address _____ phone _____ email _____**

Race (Please circle - this information is used for health and school state mandated reports) White Black (African American) Hispanic Asian American Indian Haitian Native Hawaiian/Pacific Islander

Parent #1 Name _____ Address _____
Parent #1 Employer _____
Parent #1 Work Phone _____ Cell _____
Email address _____

Parent #2 Name _____ Address _____
Parent #2 Employer _____
Parent #2 Work Phone _____ Cell _____
Email address _____

Siblings at St. Francis Xavier:

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

In the event that neither parent can be reached, permission is granted to call the following who will assume responsibility for the care of the child. These contacts should have local addresses and be available during school hours.

1. Name _____ Relationship _____
Address _____ Town _____
Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____ Town _____
Phone _____ Cell Phone _____

IN CASE OF AN EMERGENCY

1. Does your child have any physical restrictions? _____

2. Does your child have any allergies or known medical problems? Please be specific; chronic health conditions such as allergies, asthma, diabetes, seizure disorder, heart disease, eye or ear problems, braces, etc. _____

3. Circle if your child wears glasses contacts hearing aid

4. I give permission for the school personnel to have my child transported to the hospital emergency room for treatment in the event of an emergency if I cannot be contacted. YES: _____ NO: _____

Date of Most Recent Physical Exam _____ Appointment Date _____

Health Insurance: _____ Policy # _____

Student's Physician: _____ Phone _____

Student's Dentist/Orthodontist _____ Phone _____

Dental Insurance: _____ No Dental _____

Date _____ Parent/Guardian Signature _____