

**St. Joseph/Marquette Catholic School**  
**Student Emergency Information**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**PERSONS TO BE CALLED IN CASE OF EMERGENCY:**

**Parent/Guardian Information:**

<b>Name</b>	<b>Work</b>	<b>Work Phone</b>	<b>Cell Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Emergency Contact(s):**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Cell Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Health Information:**

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

**Person(s) who have permission to pick up your children:**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Cell Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**In case of an emergency, illness or accident to the child named above, the school will contact the parent or alternate person immediately. In the event that a parent cannot be reached, I authorize the school authorities to arrange transportation of my child to the nearest hospital or medical facility for treatment.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date