

St. Bruno Parish School  
Family Emergency Information

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Work \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

If St. Bruno Parish School is unable to contact you or you are unable to pick up your children, please list who you authorize to take responsibility for your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

List any known allergies and specific treatments \_\_\_\_\_

Is your child on any regular medication that the school should be aware of? \_\_\_\_\_

Is there any physical condition that the school should be aware of? \_\_\_\_\_

In the event of emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for all medical costs incurred in the event of accidental injury.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_