

ST BRUNO PARISH SCHOOL ~ FAMILY EMERGENCY FORM

FAMILY NAME: _____

ADDRESS	
CITY AND ZIP	
HOME PHONE if different from parent cell phone #'s	
PRIMARY EMAIL ADDRESS	

MOTHER/GUARDIAN NAME	
CELL PHONE	
EMPLOYER	
WORK PHONE	
OCCUPATION	

FATHER/GUARDIAN NAME	
CELL PHONE	
EMPLOYER	
WORK PHONE	
OCCUPATION	

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

NAME	PHONE	CELL PHONE	RELATIONSHIP

DOCTOR		PHONE	
DENTIST		PHONE	

STUDENT NAME	DATE OF BIRTH	GRADE
LIST ANY ALLERGIES		
LIST ANY MEDICATIONS YOUR CHILD IS ON		
LIST ANY PHYSICAL CONDITIONS WE SHOULD BE AWARE OF		
OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF		

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In the event of an emergency, I consent to have my child given emergency care or 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: _____