



EMERGENCY INFORMATION 2023-2024

INSTRUCTIONS: 1. Complete the following information. Circle preferred phone. 2. Complete *HEALTH INFORMATION AND EMERGENCY CONTACT* sections. **PLEASE PRINT CLEARLY**

Name: _____ Grade: _____ Teacher: _____

Bus Rider: **Yes or No** (please circle) Date of Birth _____

Name and grade of all siblings at The Catholic Academy of Stamford: _____

Mother/Guardian Information (relationship if Guardian _____)

Name: _____

Address: _____

(please circle preferred phone)

Home: _____ Mobile: _____ Work: _____

E-mail address for all school communications: _____

Father/Guardian Information (relationship if Guardian _____)

Name: _____

Address: _____

(please circle preferred phone)

Home: _____ Mobile: _____ Work: _____

E-mail address for all school communications: _____

HEALTH INFORMATION

Please indicate any allergies, medical conditions, or health related information that may be helpful to officials in an emergency situation. Any information will be kept strictly confidential and will only be shared with appropriate personnel should a medical emergency arise.

Asthma: ___ Yes ___ No Allergies: ___ Yes ___ No If yes, type of allergies: _____

Doctor: _____ Phone: _____

Insurance Carrier and Number: _____

EMERGENCY CONTACTS

Please list the name, address and phone number of three people that we can contact if we are unable to reach a parent or guardian. These should be people who have transportation available and know what to do in an emergency should we not be able to contact you.

NAME	ADDRESS	PHONE	ALTERNATE PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____