

1186 Newfield Avenue Stamford, Connecticut 06905 203-322-6505 FAX: 203-322-6835 www.catholicacademystamford.org

EMERGENCY INFORMATION 2025-2026

INSTRUCTIONS: 1. Complete the following	_	•		
EMERGENCY CONTACT sections.	PLEAS	E PRINT CLI	ARLY 1 Forr	n Per Child ————————————————————————————————————
Name:		Grade:	Teacher:_	
Bus Rider: Yes or No (please circle)			Date of Birt	th
Name and grade of all siblings at The Catholic Academy of Stamford:				
Mother/Guardian Information (relati	onship if Guardiar)	
Name:		_		
Address:				
(Please circle preferred phone) Home / C	Cell			
Home:	Cell:			
E-mail address for all school communication	ons:			
Father/Guardian Information (relation	nship if Guardian _.)	
Name:				
Address:				
(Please circle preferred phone) Home / C	Cell			
Home:	Cell:			
E-mail address for all school communicati	ions:			
HEALTH INFORMATION				
Please indicate any allergies, medical cond emergency situation. Any information will should a medical emergency arise. Asthma: Yes No Allergies: Doctor: Insurance Carrier and Number:	l be kept strictly o	onfidential an	d will only be share allergies:	ed with appropriate personnel
EMERGENCY CONTACTS				
Please list the name, address and phone numb These should be people who have transportati NAME 1	on available and k ADDRESS	now what to do	in an emergency sho PHONE	uld we not be able to contact you. ALTERNATE PHONE
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