



EMERGENCY INFORMATION 2026-2027

Please Print Clearly- 1 Form Per Child

Student 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: _____

Cell: _____ **DO NOT USE THE SAME NUMBER OR EMAIL FOR BOTH PARENTS**

E-mail address for all school communications: _____

Father/Guardian Information (relationship if Guardian _____)

Name: _____

Address: _____

Cell: _____ **DO NOT USE THE SAME NUMBER OR EMAIL FOR BOTH PARENTS**

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: _____

Medical condition? (Please list) _____

Doctor: _____ Phone: _____

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 close by and 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. _____	_____	_____	_____