



ST. JOHN PAUL II CLASSICAL SCHOOL STUDENT EMERGENCY FORM – 2021-22

(If you have a change in address or phone number, please highlight changes)

FAMILY NAME (Parent/Guardian names with whom the child lives)

HOME PHONE

STREET ADDRESS

CITY

ZIP

WHERE PARENTS CAN BE REACHED IF NOT AT HOME

MOTHER (NAME): _____ CELL PHONE: _____

MOTHER'S EMPLOYER: _____ WORK PHONE: _____

MOTHER'S EMAIL: _____

FATHER (NAME): _____ CELL PHONE: _____

FATHER'S EMPLOYER: _____ WORK PHONE: _____

FATHER'S EMAIL: _____

NAME OF CHILDREN ATTENDING SJPII:

GRADE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST TWO NEIGHBORS OR NEAR-BY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

1. _____ PHONE _____ CELL _____
NAME AND RELATIONSHIP TO CHILD

2. _____ PHONE _____ CELL _____
NAME AND RELATIONSHIP TO CHILD

IN CASE OF SERIOUS ILLNESS OR ACCIDENT, I REQUEST THE SCHOOL CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THE PHYSICIAN, THE SCHOOL MAY MAKE THE NECESSARY ARRANGEMENTS.

LOCAL PHYSICIAN'S NAME _____ PHONE: _____

PHYSICIAN'S ADDRESS _____ HOSPITAL: _____

PERTINENT MEDICAL INFORMATION _____

THROUGHOUT THE WINTER MONTHS, AN EARLY DISMISSAL IS A POSSIBILITY DUE TO WEATHER. PLEASE DISCUSS WITH YOUR CHILD(REN) WHAT THEY ARE TO DO AND WHERE THEY ARE TO GO IN THE EVENT OF AN EARLY DISMISSAL. PLEASE CHECK ONE OF THE FOLLOWING:

1. _____ Dismiss my child at the announced time. He/she will walk home or ride the bus as usual.
2. _____ will pick up my child at the announced early dismissal.
(Name of parent/neighbor/friend)
3. _____ Other _____

SIGNATURE OF PARENT OR GUARDIAN _____