



CATHEDRAL SCHOOL

Classic Catholic Education Since 1864

STUDENT EMERGENCY FORM 2007 – 2008

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (Month/Day/Year)	GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mother's Name	Street Address	City	Zip Code	Home Phone Number
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Mailing Address If Different	Cell Phone Number
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Employer's Name	Street Address	City	Zip Code	Work Phone Number
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Father's Name	Street Address	City	Zip Code	Home Phone Number
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Mailing Address If Different	Cell Phone Number
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Employer's Name	Street Address	City	Zip Code	Work Phone Number
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E-Mail Address _____

If school cannot contact a parent, name a friend or relative who may be called upon if the child is ill.

Name of Friend /Relative	Relationship	Telephone Number
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Doctor's Name	Address	City	Telephone Number
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Dentist's Name	Address	City	Telephone Number
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If none of the above can be contacted what do you wish the school to do if your child is sick or injured?

Although the above recommendations of the parent will be respected as far as possible, I understand that the judgment of the school authorities will prevail in an emergency.

Parent/Guardian Signature

Date