

# Sacred Heart School

301 North Burgher Avenue  
Staten Island, NY 10310

## Student Emergency Information Form

<b>Student's Last Name</b>		<b>Student's First Name</b>	
Male _____ Female _____	Date of Birth	Grade	

<b>Mother/Guardian</b>		<b>Home Address (include zip code)</b>	
<b>Business Name</b>		<b>Business Address</b>	
<b>Home Tel.#</b>	<b>Cell #</b>	<b>Business Tel.#</b>	
<b>Primary E-mail address</b>			

<b>Father/Guardian</b>		<b>Home Address (include zip code)</b>	
<b>Business Name</b>		<b>Business Address</b>	
<b>Home Tel.#</b>	<b>Cell #</b>	<b>Business Tel.#</b>	
<b>Primary E-mail address</b>			

<b>Doctor's Name</b>	<b>Address</b>	<b>Tel. #</b>
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If we cannot contact you, please name a relative or friend who may be called upon if your child is ill or there is an emergency school closing. Your child will only be released to you or those indicated below.

<b>Name</b>	<b>Relationship to Child</b>	<b>Address</b>	<b>Home #</b>
			<b>Cell#</b>
			<b>Work#</b>
<b>Name</b>	<b>Relationship to Child</b>	<b>Address</b>	<b>Home #</b>
			<b>Cell#</b>
			<b>Work#</b>
<b>Name</b>	<b>Relationship to Child</b>	<b>Address</b>	<b>Home #</b>
			<b>Cell#</b>
			<b>Work#</b>

If you or the designated persons cannot be contacted, what do you wish us to do in the case of a medical emergency?

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_