

Sacred Heart School

301 North Burgher Avenue
Staten Island, NY 10310

Student Emergency Information Form

Student's Last Name		Student's First Name	
Male _____ Female _____	Date of Birth	Grade	

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

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

Doctor's Name	Address	Tel. #
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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.

Name	Relationship to Child	Address	Home #
			Cell#
			Work#
Name	Relationship to Child	Address	Home #
			Cell#
			Work#
Name	Relationship to Child	Address	Home #
			Cell#
			Work#

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 _____