



**Mater Dei Catholic School  
Emergency Information 2009 - 2010**

**Please write clearly!**

Student Name	Grade	Date of Birth	Medical Conditions	Daily Medications	Allergies
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Home phone: \_\_\_\_\_

**Please number at least 3 shaded boxes to indicate the order in which to contact.**

Parents/Guardians:	Name	Daytime Phone	Cell Phone	Pager	E-Mail
Mom	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Dad	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Other	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

Other Emergency Contacts:	Relationship to Student	Name	Daytime Phone	Cell Phone	Pager	E-Mail
_____	_____	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____	_____	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

In case of accident or serious illness, I request the school to 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 whatever arrangements seem necessary.

**Parent/Guard. Signature:** \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

**Other Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child(ren), \_\_\_\_\_, wear(s) corrective lenses/contacts.

My child(ren), \_\_\_\_\_, wear(s) hearing aids.

**Please send changes in the above information to the school office as they occur.**

This form completed by: \_\_\_\_\_

**Mater Dei Catholic School  
Emergency Information Form**

Other information:

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