



STUDENT EMERGENCY INFORMATION FORM

STUDENT _____ **CLASS:** _____
Last First Middle

ADDRESS _____ **HM PHONE:** _____

PARENT CONTACT INFORMATION

Parent/Guardian Name: _____

Relation to Student: _____ **Email:** _____

WK Phone #: _____ **Cell Phone #:** _____

Parent/Guardian Name: _____

Relation to Student: _____ **Email:** _____

WK Phone #: _____ **Cell Phone #:** _____

Student's Primary Doctor: _____ **Phone #:** _____

In case of accident or illness, if I cannot be reached at the above numbers, you have my permission to contact the emergency contacts listed below. In the event of a major earthquake or natural disaster I authorize St. John's Preschool to release my son/daughter to any of the following named people:

Name: _____ **Relation to Student:** _____

Phone #: _____ **Cell:** _____

Name: _____ **Relation to Student:** _____

Phone #: _____ **Cell:** _____

Name: _____ **Relation to Student:** _____

Phone #: _____ **Cell:** _____