

# ST. PETRONILLE SCHOOL FAMILY EMERGENCY FORM – 2011-2012

**CHECK HERE IF YOU GIVE THE SCHOOL PERMISSION TO INCLUDE YOUR FAMILY IN THE SCHOOL DIRECTORY.**

**CHECK HERE IF YOU GIVE PERMISSION TO SHARE 6<sup>TH</sup>, 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE CLASS LISTS, MAILING ADDRESSES, AND E-MAIL ADDRESSES TO AREA HIGH SCHOOLS.**

**Are you a St. Petronille Alumni? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please let us know the year of graduation? \_\_\_\_\_**

FAMILY NAME \_\_\_\_\_ FATHER \_\_\_\_\_ Child lives with:  
ADDRESS \_\_\_\_\_ MOTHER \_\_\_\_\_ Both Parents: \_\_\_\_\_  
\_\_\_\_\_ HOME PHONE# \_\_\_\_\_ Father: \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE#’S Mother: \_\_\_\_\_  
Father Cell# \_\_\_\_\_ Other : \_\_\_\_\_  
Mother Cell# \_\_\_\_\_

List all children attending **St. Petronille School.**

Name	Age	Date of Birth	Name	Age	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father’s place of employment \_\_\_\_\_

Hours father can be reached at work \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother’s place of employment \_\_\_\_\_

Hours mother can be reached at work \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of person(s) who will care for your child(ren) in case of an emergency.  
**PLEASE DO NOT LIST ANYONE WHO WORKS OUTSIDE THE HOME AND WOULD NOT BE AVAILABLE WHEN NEEDED.**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child(ren) have any allergies, physical handicaps or take any special medication that we should be aware of? \_\_\_\_\_  
If so, please indicate what kind: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU AND THE PHYSICIAN OF CHOICE AS INDICATED ABOVE CANNOT BE REACHED IN AN EMERGENCY AND IF IN THE JUDGEMENT OF THE SCHOOL AUTHORITIES, IMMEDIATE MEDICAL AND/OR HOSPITAL ATTENTION IS INDICATED, SCHOOL PERSONNEL WILL CALL 911. "

**If it is determined that a student needs to be transported to the hospital via ambulance, the parent or parent's insurance will be responsible for the cost of the ambulance.**

I have read the above information \_\_\_\_\_ Date \_\_\_\_\_