

ST. JUDE CATHOLIC SCHOOL EMERGENCY CARD (04-05)

Student(s) live with: Both Parents Mother Only Father Only Guardian

FAMILY LAST NAME

HOME ADDRESS

HOME PHONE

1. Student Name

Grade A or B

Allergies and/or Medical conditions

2. Student Name

Grade A or B

Allergies and/or Medical conditions

3. Student Name

Grade A or B

Allergies and/or Medical conditions

4. Student Name

Grade A or B

Allergies and/or Medical conditions

Doctor's Name

Phone Number / Address

Dentist's Name

Phone Number / Address

Additional Comments:

CODE BULLDOG EMERGENCY INFORMATION (04-05)

FAMILY LAST NAME

HOME PHONE

Mother's First/Last Name

Work Phone

Cell Phone

Father's First/Last Name

Work Phone

Cell Phone

Emergency Contact 1

Home Phone

Work Phone

Cell Phone

Emergency Contact 2

Home Phone

Work Phone

Cell Phone

Mother's Signature

Father's Signature

Date

Please list the name of a person who can pick-up your child/children in the event of an emergency or evacuation.

Name

Relationship to Student

Work Phone

Cell Phone