

ST. SEBASTIAN SCHOOL 2010-2011 EMERGENCY CARD PLEASE PRINT

Student's Last Name _____
 Student's Address _____ City _____ Zip _____
 Student's Home Phone _____ E-mail _____
 Mother's Name _____ Home Phone _____
 Address _____ City _____ Zip _____
 Empolyer _____ Work Phone _____
 Occupation _____ E-mail _____
 Cell Phone _____ Pager _____
 Father's Name _____ Home Phone _____
 Address _____ City _____ Zip _____
 Employer _____ Work Phone _____
 Occupation _____ E-mail _____
 Cell Phone _____ Pager _____

First Name _____	Grade/10-11 _____	Date of Birth _____
First Name _____	Grade/10-11 _____	Date of Birth _____
First Name _____	Grade/10-11 _____	Date of Birth _____
First Name _____	Grade/10-11 _____	Date of Birth _____
First Name _____	Grade/10-11 _____	Date of Birth _____
First Name _____	Grade/10-11 _____	Date of Birth _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____
 Address _____ Daytime Phone _____

Name _____ Relationship _____
 Address _____ Daytime Phone _____

In case of serious accident or illness, I authorize St. Sebastian School to call 911.

Signature _____ Date _____

HEALTH INFORMATION: explain any health concerns or regularly used medications of which the school should be aware.

