

**St. Rose of Lima School  
Emergency Information Card**

Family Name \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Name	Homeroom	Date of Birth	Special Health Conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Mother Information**

Name \_\_\_\_\_ Address if different from above \_\_\_\_\_

Employer \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Father Information**

Name \_\_\_\_\_ Address if different from above \_\_\_\_\_

Employer \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contact - list those who will assume temporary care of your child if you cannot be reached.**

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

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

If your child becomes ill at school, it is the responsibility of the parent to provide transportation home. In case of an extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

Choice of Hospital: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**Every effort will be made to take your child to the hospital of your choice. There may not be availability at the chosen hospital(s).**

**Please indicate below how your child gets to school on most days:**

- Driven to school by someone living in the household (parent, grandparent, sibling)
- Car-pools with the \_\_\_\_\_ Family  
Phone contact: \_\_\_\_\_
- Walks to school
- Rides bike (grades3-8)

**Children have permission to go home with:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate below how your child gets home from school on most days:**

- Attends After-Care
- Is picked-up by someone living in the household (parent, grandparent, sibling)
- Is picked up by someone other than a household member:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Car-pools with the \_\_\_\_\_ Family  
Phone contact: \_\_\_\_\_

Walks home  Rides bike (grades3-8)