

Saint Andrew Catholic Preschool
51 Wrights Road
Newtown, Pennsylvania 18940-1334
(215) 968-2685
(215) 968-4795 FAX

STUDENT EMERGENCY INFORMATION FORM

Child's Name _____ Home Phone _____

Address _____

Mother's Place of Employment _____ Phone _____

Mother's e-mail address _____

Father's Place of Employment _____ Phone _____

Father's e-mail address _____

Mom Cell Phone _____ Dad Cell Phone _____

If both parents are employed, indicate which parent is to be contacted first: _____

Local persons to be called in case of accident or illness if you cannot be reached (in order of preference)

Name

Address

Phone

1. _____

2. _____

Child care arrangements: Caregiver _____ Phone _____

Please note any special information (i.e. custody) _____

Family Physician's Name _____ Address _____ Phone _____

Hospital preferred in case of emergency _____

Significant health problems _____

I authorize the officials of Saint Andrew Catholic Preschool to contact directly the persons named on this card. In the event parents, physician or other persons named on this card cannot be contacted, the school officials are Authorized to take whatever action is deemed necessary for the health of my child.

Date

Signature of Parent or Guardian