



Saint Francis of Assisi School 2026-2027 Emergency Contact Information



Grade: _____

Student's Name: _____ Birthdate: _____
Last First Middle

Home Address: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

If parents are separated or divorced, with whom does the child reside? _____

Please list those persons to be contacted for care if parent(s) is unavailable.

Name: _____ Relationship _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship _____ Home Phone: _____ Cell Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____



OVER



If your child has any health problems, allergies to medication, food or insects, environmental allergies, or takes any medication on a regular or as needed basis, please list them below. All allergies must be documented by a physician.

My child may receive (Please circle YES or NO for each):

Antacid (i.e.. Tums, Mylanta) YES or NO	Benadryl (Gr. Pre-K-8) YES or No	Tylenol (Gr. Pre-K-8) YES or No	CALL FIRST
		IBUPROFEN (Gr. 6-8) YES or NO	

Ambulance cost is the responsibility of the parent/guardian. Parent/Guardian must be present at the hospital to assure medical treatment. I authorize the school doctor/nurse to examine my child as required by PA State Law and for dental screenings by the Dental Hygienists.

Signature(s) of Parent(s) or Guardian(s): _____ / _____ Date: _____

PLEASE NOTIFY THE MAIN OFFICE IMMEDIATELY OF ANY CHANGES TO THE INFORMATION ON THIS EMERGENCY CARD. THANK YOU!