

*Seton Foundation for Learning*

**STUDENT EMERGENCY CONTACT INFORMATION**

**SEPTEMBER 2017**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

OSIS # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ House Phone \_\_\_\_\_

**\*\*\* EMAIL ADDRESS \_\_\_\_\_ for school alerts**

Mother's Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**If the school is unable to reach either parent, name 3 relatives/friends who may be reached if the child is sick in school. PLEASE MAKE SURE IT IS A LOCAL, WORKING TELEPHONE NUMBER.**

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*\* IN THE EVENT NONE OF YOUR CONTACTS CAN BE REACHED, WHAT INSTRUCTIONS WOULD WE FOLLOW?**

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

**Name(s) of anyone who MAY NOT take your child from the school:** \_\_\_\_\_

***In case of accident or serious illness, I request the school to contact me. I hereby authorize the school to call the physician listed below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Doctor: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

**PLEASE LIST ANY HEALTH ALERTS: (ALLERGIES TO FOOD/PLANTS, ANY HOME MEDICATIONS, ETC.)**

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

**\*\*\*IF AT ANY TIME THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL IN WRITING.\*\***