

Academic year		Today's Date	
Child (1)	First Name (1)	Health conditions (1) (e.g., diabetes, asthma, H/T, meds)	
	Last Name (1)		
	Grade (1)	Allergies (1) (e.g., peanuts, insects, fish, eggs, soy, meds)	
	Birth Date (1)		
	Baptismal Name (1)	Health (other) (1)	
	Name Day (1)		
Child (2)	First Name (2)	Health conditions (2) (e.g., diabetes, asthma, H/T, meds)	
	Last Name (2)		
	Grade (2)	Allergies (2) (e.g., peanuts, insects, fish, eggs, soy, meds)	
	Birth Date (2)		
	Baptismal Name (2)	Health (other) (2)	
	Name Day (2)		
Child (3)	First Name (3)	Health conditions (3) (e.g., diabetes, asthma, H/T, meds)	
	Last Name (3)		
	Grade (3)	Allergies (3) (e.g., peanuts, insects, fish, eggs, soy, meds)	
	Birth Date (3)		
	Baptismal Name (3)	Health (other) (3)	
	Name Day (3)		
Child (4)	First Name (4)	Health conditions (4) (e.g., diabetes, asthma, H/T, meds)	
	Last Name (4)		
	Grade (4)	Allergies (4) (e.g., peanuts, insects, fish, eggs, soy, meds)	
	Birth Date (4)		
	Baptismal Name (4)	Health (other) (4)	
	Name Day (4)		
Mother	Mother First Name	Mother Work Phone	
	Mother Last Name	Mother Cell Phone	
	Mother E-mail		
Father	Father First Name	Father Work Phone	
	Father Last Name	Father Cell Phone	
	Father E-mail		
Home	Street Address		
	City		
	State		
	Zip Code		
Person submitting this form		Home Phone	
First Name		Family E-mail (will be used for all emails from Church School)	
Last Name			

The information in this form will be shared with appropriate Church School staff.

Physician		Dentist	
First Name		First Name	
Last Name		Last Name	
Physician Phone		Dentist Phone	

<b>Preferred Hospital</b>	
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Please list everyone we can call in case of an emergency or school closing.

Note: if a parent/guardian is not available, we will call the next person on this list until someone is contacted.

Other Emergency Contact (1)		Other Emergency Contact (2)	
First Name (1)		First Name (2)	
Last Name (1)		Last Name (2)	
Relationship (1)		Relationship (2)	
Phone Number (1)		Phone Number (2)	
Other Emergency Contact (3)		Other Emergency Contact (4)	
First Name (3)		First Name (4)	
Last Name (3)		Last Name (4)	
Relationship (3)		Relationship (4)	
Phone Number (3)		Phone Number (4)	

If the designated parties are not available, I understand appropriate emergency care deemed advisable by St. Nicholas school authorities or St. Nicholas youth advisors will be sought. Any special decisions appropriate to my child have been checked.

Signature:
Date: