

St. Raphael Catholic School
STUDENT EMERGENCY INFORMATION
(Please fill out one form for each student.)

STUDENT NAME: _____ CLASS: _____

Mother's name:	Father's name:
Daytime phone:	Daytime phone:
Cellular:	Cellular:
Other:	Other:
E-mail:	E-Mail:

Can we publish your e-mails in the school directory?: Yes or No

List neighbors, friend, or relatives who will assume temporary care of your child if you can not be reached. List in order to be contacted:

Name and Relationship	Phone	Address

Physician's Name: _____ Office Number: _____

Office Address: _____ Emergency #: _____

Insurance Information: _____

___ I have completed the reverse side of this form with the Student's Health History.

Signature of Parent or Guardian

Date

***PLEASE COMPLETE THE BACK OF THIS FORM
WITH IMPORTANT STUDENT HEALTH INFORMATION.***