

EMERGENCY DATA CARD- PLEASE PRINT ALL INFORMATION in BLACK INK

Child's Name: _____

Address: _____

Home Phone: _____ Birthday (mm/dd/yyyy) _____

****INDICATE WHICH PARENT TO CONTACT FIRST WITH AN "X" IN THE BOX BELOW****

<input style="width: 20px; height: 15px;" type="checkbox"/> Father's Name: _____ <i>If different from Child's Address and Home Phone:</i> Address: _____ _____ Home Phone: _____ Father's Employer: _____ Work Phone: _____ Cell Phone # _____ Stepmother's Name: _____ Stepmother's Employer: _____ Work Phone: _____ Cell Phone # _____	<input style="width: 20px; height: 15px;" type="checkbox"/> Mother's Name: _____ <i>If different from Child's Address and Home Phone:</i> Address: _____ _____ Home Phone: _____ Mother's Employer: _____ Work Phone: _____ Cell Phone # _____ Stepfather's Name: _____ Stepfather's Employer: _____ Work Phone: _____ Cell Phone # _____
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PERSON'S AUTHORIZED TO PICK YOUR CHILD UP FROM EVENT, OTHER THAN PARENTS WITH JOINT OR SOLE CUSTODY. Please list those individuals below who have permission to pick up your child. Whenever it becomes necessary for your child to leave with someone not on the list below, it must be verified by a phone call and/or note. We ask for a minimum of 2 emergency contacts in order to be prepared for a crisis similar to 9/11.

Name	Relationship to Child	Phone	Cell

Child's Race: American Indian Asian African American Hispanic Caucasian Other

Does your child have any Food Allergies? (Please be specific): _____

Does your child have any Special Health concerns or Medication Allergies? _____

In case of an Emergency: Doctor: _____ **Phone:** _____

St Paul's will call 911 when it is deemed necessary. Do you authorize emergency medical treatment for your child? Yes No

Parent Guardian Signature: _____ Date: _____