

ST. AUGUSTINE OF CANTERBURY SCHOOL
EMERGENCY INFORMATION FORM
NURSE'S OFFICE (732)297-6042 Fax(732)297-7062



Family name: _____ Father: _____ Mother: _____

Student's name: _____ Grade: _____ Date of birth: _____

Address: _____ Please circle: Male Female

Home phone #: _____

Mother's work #: _____ Place of business: _____

Mother's cell #: _____

Father's work #: _____ Place of business: _____

Father's cell #: _____

List any health/medical problems and/or allergies:

List any medications taken regularly or as needed:

Date of student's last physical exam: _____

Physician's name & telephone #: _____

If a hospital is necessary, I grant permission to have my child transported to the hospital of my choice and give permission to administer emergency treatment as needed.

Hospital: _____

Parent/Guardian Signature: _____ Date: _____

You must list at least two emergency numbers if parents are unavailable:

Name: _____ Phone #: _____

Name: _____ Phone #: _____