



St. Michael the Archangel Academy

Family Emergency Information

FAMILY INFORMATION

LAST NAME	HOME TELEPHONE	CELL (O MOTHER'S OR O FATHER'S)
ADDRESS	CITY	ZIP
HOME E-MAIL	FATHER'S WORK E-MAIL	
FATHER'S NAME	EMPLOYER	WORK HOURS
ADDRESS(FATHER'S WORK)	WISH TO BE CALLED AT WORK	TELEPHONE
MOTHER'S NAME	EMPLOYER	WORK HOURS
ADDRESS(FATHER'S WORK)	WISH TO BE CALLED AT WORK	TELEPHONE

STUDENT INFORMATION

FIRST NAME	LAST NAME	BIRTHDATE	GRADE	PRECAUTIONS
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EMERGENCY CARE INFORMATION: ONLY GIVE NAMES OF PERSONS NOT MENTIONED ABOVE

NAME	RELATIONSHIP TO CHILD	TELEPHONE
ADDRESS	CITY	ZIP
DOCTOR'S NAME	TELEPHONE	
ADDRESS	CITY	ZIP
INSURANCE COMPANY	POLICY NUMBER	GROUP

I understand that the school does not assume responsibly for payment of a physician. However, in an emergency you may choose a physician.

PARENT SIGNATURE	DATE
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