

2015-2016
St. Gabriel Emergency Information

Date _____ Grade _____ Birthday _____

Student's Name _____

Address _____ Zip _____

Home Telephone Number _____ Email _____

Father's Name _____

Mother's Name _____

In case of an Emergency which parent should be called first ____ Father ____ Mother

Father's place of employment _____ Phone _____ Cell _____

Mother's place of employment _____ Phone _____ Cell _____

Emergency Data: Person (s) to be contacted in an emergency or illness if parents are unable to be notified:

Name	Phone
Contact Person _____	

Contact Person _____	
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Contact Person _____	
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Physician _____

Handicaps: _____

Allergies: _____

Special Health Problems: _____

Other: _____

Emergency: I hereby authorize St. Gabriel School to select, secure, and get all proper medical aid for

_____ in case of an accident, illness or injury
Name of Student

(If the emergency warrants it, your child will be taken to the North Kansas City Hospital.)

Parent Signature