

**ST. SEBASTIAN SCHOOL 2016/2017 EMERGENCY CARD**  
**PLEASE PRINT LEGIBLY**

Student's Last Name \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(INDICATE WITH AN \* YOUR PREFERRED DAY-TIME CONTACT NUMBERS)

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

First Name \_\_\_\_\_ Grade/2016-17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Grade/2016-17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

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First Name \_\_\_\_\_ Grade/2016-17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

(OVER)

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

In case of serious accident or illness, I authorize St. Sebastian School to call 911.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION:** Explain any health concerns or regularly used medications of which the school should be aware.

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