



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221
PHONE (618) 235-4066 ~ FAX (618) 235-7930

SCHOOL EMERGENCY FORM

****Please print in black or blue ink ONLY!****

Student(s) LAST Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Family Phone #: _____

Primary Email Address: _____

Public School Name/District #: _____

NAME(S) OF STUDENTS ATTENDING

NAME	GRADE	DATE OF BIRTH	GENDER (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION:

Name: _____ **Relationship to Student:** _____

Cell Phone: _____ Email Address: _____

Street Address: _____

Place of Employment: _____ Work Phone: _____

Name: _____ **Relationship to Student:** _____

Cell Phone: _____ Email Address: _____

Street Address: _____

Place of Employment: _____ Work Phone: _____

Student(s) Reside With: _____ Parents _____ Mother _____ Father _____ Other (please specify)

Parental Custodial Arrangements: _____

In case of natural disaster or emergency, your child(ren) may not leave school unless picked up by an adult. Please list several adults who you would authorize to pick up your child(ren) in case of natural disaster or emergency.

NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

****TURN OVER - BE SURE TO COMPLETE BACK PAGE OF FORM****



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PHYSICIAN TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Phone Number: _____

IN THE EVENT YOUR CHILD MUST BE TRANSPORTED TO A HOSPITAL, WHAT IS YOUR HOSPITAL PREFERENCE?

Name: _____ Address: _____

PLEASE PROVIDE ANY PERTINENT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW, FOR EXAMPLE: POOR HEARING, VISION ISSUES, ALLERGIES, ETC.....

STUDENT NAME	GRADE	PERTINENT MEDICAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST BELOW ANY FOOD ALLERGY OR DIETARY RESTRICTIONS THAT THE SCHOOL NEEDS TO BE AWARE OF. ALL FOOD ALLERGIES SHOULD BE DISCUSSED WITH THE SCHOOL NURSE PRIOR TO THE START OF SCHOOL.

STUDENT NAME	GRADE	FOOD ALLERGY/DIETARY RESTRICTION
_____	_____	_____
_____	_____	_____
_____	_____	_____