

**SAINT CLAIR AREA EMEENTARY/MIDDLE SCHOOL  
EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Grade/Section \_\_\_\_\_  
(Last) (First)

Home Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Town) (Zip code)

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Student Lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**Parent's Employment Data:**

\_\_\_\_\_  
Father's Name (or Guardian) Place of Employment Business Phone

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

\_\_\_\_\_  
Mother's Name (or Guardian) Place of Employment Business Phone

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

**Name of person who has your authority to assume responsibility for your child if you cannot be contacted.**

1. \_\_\_\_\_  
Name Relationship (relative, neighbor, friend) Phone

2. \_\_\_\_\_  
Name Relationship (relative, neighbor, friend) Phone

3. \_\_\_\_\_  
Name Relationship (relative, neighbor, friend) Phone

**Please list below any brothers or sisters of the student:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**The following information will be used in the case of an emergency.**

\_\_\_\_\_  
Family Doctor Doctor's Phone #

**\*\*Please list any information we should be aware of concerning your child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian