

MENOMINEE CATHOLIC CENTRAL SCHOOL
FAMILY EMERGENCY INFORMATION

Parent's Name _____ Phone _____

Address _____

Mother's Employment _____ Phone _____

Father's Employment _____ Phone _____

E-Mail _____ Cell Phone (Mom) _____
Cell Phone (Dad) _____

People to be called when parents cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company _____

Please indicate any pertinent information that we should know for each child:
(allergies, special conditions, problems or needs)

- | | |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |
| 4. _____ | Grade _____ |

Child _____ takes medication daily. Name/Type/Time of day: _____

Please indicate any legality that the school should be aware of when contacting parents (e.g. custody rights, etc.): _____

Further comments: _____

Parent/Guardian Signature _____