

# Emergency Contact Information – Saint Eugene School 2009-10

One per family

Last Name \_\_\_\_\_ Address \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies/other \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies/other \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies/other \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies/other \_\_\_\_\_

**Mother** (name) \_\_\_\_\_

A) Home Phone \_\_\_\_\_

B) Work Phone \_\_\_\_\_

C) Cell Phone \_\_\_\_\_

D) Pager \_\_\_\_\_

**Father** (name) \_\_\_\_\_

E) Home Phone \_\_\_\_\_

F) Work Phone \_\_\_\_\_

G) Cell Phone \_\_\_\_\_

H) Pager \_\_\_\_\_

**Step-parent** (name) \_\_\_\_\_

I) Home Phone \_\_\_\_\_

J) Work Phone \_\_\_\_\_

K) Cell Phone \_\_\_\_\_

L) Pager \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

M) Home Phone \_\_\_\_\_

N) Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

O) Cell Phone \_\_\_\_\_

P) Pager \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Phone \_\_\_\_\_

**Hospital or Urgent Care Preference** \_\_\_\_\_ City \_\_\_\_\_

*In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.*

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

### **In case of emergency,**

St. Eugene should call the phone numbers at left in what order?

(Example: C, F, O, A, G, etc.)

**Order of calls:** \_\_\_\_\_

If we need to contact a parent about **non-emergency** school issues during the day, are there any numbers that we should not contact? (For example, list "B" if Mom should not receive calls at work.)

**Do not call:** \_\_\_\_\_