

**DIOCESE OF CHARLOTTE - MACS**  
**STUDENT EMERGENCY INFORMATION**  
 School Year 200\_\_ - 200\_\_

\_\_\_\_\_ **SCHOOL GRADE** \_\_\_\_\_

<b>DIOCESE OF CHARLOTTE - MACS</b> <b>STUDENT EMERGENCY INFORMATION</b> School Year 200__ - 200__		LAST NAME		FIRST NAME	
		HOME PHONE		PARISH <input type="checkbox"/> Non-Catholic	
				DOB	
ADDRESS		CITY		STATE	
MOTHER/GUARDIAN NAME		HOME PHONE		BUSINESS PHONE	
FATHER/GUARDIAN NAME		HOME PHONE		BUSINESS PHONE	
				MOBILE/PAGER	
				MOBILE/PAGER	
IN CASE OF EMERGENCY, CONTACT:					
1. _____		NAME		ADDRESS	
				PHONE	
2. _____		NAME		ADDRESS	
				PHONE	
STUDENT'S PHYSICIAN		PHONE		STUDENT'S DENTIST	
				PHONE	
ALLERGIES / MEDICAL CONDITIONS (Please explain checked items):					
Food Allergies _____			Medical Problems _____		
Insect Bite / Sting _____			Medications Taken at Home _____		
Drug Allergies _____					
INSURANCE COMPANY				POLICY #	
I give permission for my child, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the teacher in charge or adult chaperone to hospitalize and secure proper treatment (including surgery) for my son/daughter. I am the responsible party for physician/hospitalization payment.					
SIGNATURE OF PARENT/GUARDIAN					DATE

Please list those people who have permission to pick your child up from school:

1. \_\_\_\_\_  
    NAME PHONE (*home and cell*)
2. \_\_\_\_\_  
    NAME PHONE (*home and cell*)
3. \_\_\_\_\_  
    NAME PHONE (*home and cell*)
4. \_\_\_\_\_  
    NAME PHONE (*home and cell*)

Please describe your INCLEMENT WEATHER/CRISIS plan in case of early dismissal from school (include names and cell phone numbers if different from your emergency numbers).

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