

# St. Thomas School Emergency Form



|   |                      |                       |
|---|----------------------|-----------------------|
| <b>Child's Full Name:</b>   |                      | <b>Grade:</b>         |
| <b>Birthdate:</b>   |                      | <b>Bus #:</b>         |
| <b>Early Dismissal – 12:20 p.m. – NO AFTERCARE</b>  |                      | <b>Special Bus #:</b> |
| <b>List Emergency Pick Up Person(s)</b>   |                      |                       |
| <b>Address:</b>   |                      |                       |
|   |                      |                       |
| <b>Home Phone #:</b>  | <b>Email:</b>        |                       |
|   | <b>Email:</b>        |                       |
| <b>Lives With:</b>  |                      |                       |
|   |                      |                       |
| <b>Mother's Name:</b>   |                      |                       |
| <b>Address:</b>   |                      |                       |
|   |                      |                       |
| <b>Home Phone #:</b>  | <b>Cell Phone #:</b> |                       |
| <b>Place of Employment:</b>   |                      |                       |
| <b>Phone #:</b>   |                      |                       |
|   |                      |                       |
| <b>Father's Name:</b>   |                      |                       |
| <b>Address:</b>   |                      |                       |
|   |                      |                       |
| <b>Home Phone #:</b>  | <b>Cell Phone #:</b> |                       |
| <b>Place of Employment:</b>   |                      |                       |
| <b>Phone #:</b>   |                      |                       |
|   |                      |                       |
| <b>Allergies:</b>   |                      |                       |
|   |                      |                       |
| <b>Treatment:</b>   |                      |                       |
|   |                      |                       |
| <b>Medications: Yes or No</b>   | <b>List:</b>         |                       |
|   |                      |                       |
| ****Please note we do not give any type of medication unless it is prescribed by the doctor and is in the original container.**** |                      |                       |
| <b>#1 Emergency Contact</b>   |                      |                       |
| <b>Phone Number:</b>  |                      |                       |
| <b>#2 Emergency Contact</b>   |                      |                       |
| <b>Phone Number:</b>  |                      |                       |
| <b>Family Doctor:</b>   |                      |                       |
| <b>Phone Number:</b>  |                      |                       |
| <b>Other Concerns:</b>  |                      |                       |
|   |                      |                       |