



# St. Bartholomew School

## FAMILY/STUDENT EMERGENCY INFORMATION FORM (one per family)

FAMILY LAST NAME: \_\_\_\_\_

Child's Name	Date of Birth (mm/dd/yyyy)	Type of Food Allergy or Asthma (If none, indicate none.)	Grade for 2026-2027

Parent/Guardian	Mother/Guardian	Father/Guardian
Name		
Street Address		
City, State, Zip		
Home Telephone #		
Cell Phone #		
Email Address		
Employer		
Employer Address		
Occupation		
Work Phone #		
Religion		
SBS Alumnus?		

Parental Status     Married     Separated     Divorced     Deceased Spouse     Never Married

Child/Children Reside With:     Mother     Father     Both     Legal Guardian     Other \_\_\_\_\_

### Emergency Contact Information (Other than Parent/Guardian)

The following people, other than a parent or guardian, are authorized to pick up my child/children if a parent/guardian is unavailable. I assume full responsibility for such action. Persons designated must be available during school hours, within one hour driving distance. A minimum of two contacts must be specified.

Contact 1	Name:	
	Home Phone #:	Cell Phone #:
	Relationship to Child:	

Contact 2	Name:	
	Home Phone #:	Cell Phone #:
	Relationship to Child:	

Contact 3	Name:	
	Home Phone #:	Cell Phone #:
	Relationship to Child:	

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_