



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221

SCHOOL EMERGENCY FORM

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Family Phone Number: _____ Primary Email Address: _____

NAMES OF CHILDREN ATTENDING

NAME	GRADE	BIRTHDATE	SCHOOL DISTRICT/PUBLIC SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

In case of natural disaster or emergency, your child(ren) may not leave school unless picked up by an adult. Please list several adults who you would authorize to pick up your child(ren) in case of natural disaster or emergency.

NAME	RELATIONSHIP TO STUDENT	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICIAN TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Phone Number: _____

PLEASE PROVIDE ANY PERTINENT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW, FOR EXAMPLE POOR HEARING, EYE SIGHT, ALLERGIES, ETC.:

NAME	GRADE	PERTINENT MEDICAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS INFORMATION WILL BE USED FOR SCHOOL CLOSINGS:

Parent(s) Name(s): _____ Student(s) First Name(s): _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Email #1: _____ Email #2: _____ Email #3: _____