



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221
PHONE (618) 235-4066 ~ FAX (618) 235-7930

SCHOOL EMERGENCY FORM

****Please print in black or blue ink ONLY!****

Student(s) LAST Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Family Phone #: _____ Primary Email Address: _____

Public School Name and District #: _____

NAME(S) OF STUDENTS ATTENDING

NAME	GRADE	DATE OF BIRTH	GENDER (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____

Cell Phone: _____ Email Address: _____

Street Address: _____

Place of Employment: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Email Address: _____

Street Address: _____

Place of Employment: _____ Work Phone: _____

Student(s) Reside With: Parents Mother Father Other (please specify)

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
_____	_____	_____
_____	_____	_____