

2020-2021

SAINT BRUNO SCHOOL STUDENT EMERGENCY INFORMATION  
(PLEASE CLEARLY PRINT IN DARK INK)

CHILDREN'S NAMES

FIRST NAME	LAST NAME	GRADE

\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(SCHOOL REACH) PHONE  
NUMBER MUST BE A WORKING PHONE  
FOR GROUP INFORMATIONAL CALLS

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

FATHER'S INFORMATION

FULL NAME
ADDRESS
HOME PHONE (ONLY IF A LAND LINE)
FATHER'S CELL PHONE
WORK TELEPHONE NUMBER EXT
OCCUPATION
CONTACT E MAIL ADDRESS

MOTHER'S INFORMATION

FULL NAME
ADDRESS
HOME PHONE (ONLY IF A LAND LINE)
MOTHER'S CELL PHONE
WORK TELEPHONE NUMBER EXT
OCCUPATION
CONTACT E MAIL ADDRESS

Please note, who is the 1<sup>ST</sup> ADULT to call if your child is sick during school hours

\_\_\_\_\_  
Name Phone#

**SECONDARY CAREGIVERS INFORMATION  
IN THE EVENT PARENT CAN NOT BE REACHED**

<b>Full name (with title: Mr., Mrs., Ms.)</b>	
<b>Relationship to the child (e.g. grandparent, aunt, uncle, neighbor)</b>	
<b>HOME PHONE (LAND LINE)</b>	
<b>Cell phone Number</b>	
<b>Business Telephone Number / Extension</b>	
<b>CONTACT E MAIL ADDRESS</b>	

**Name and phone number of Doctor and hospital. Allergies, chronic health conditions, other health information:**

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**Is any medicine administered at school or kept in the office for emergency use please list?** (Doctors note needed in office)

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**Please list any other information that may be helpful to school staff and personnel:**

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**Which adults are authorized to pick your child/ren up during school hours and Extended Day Hours:**

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