

Cristo Rey Columbus High School EMERGENCY INFORMATION RECORD

STUDENT LAST NAME	STUDENT FIRST NAME		
PARENT/GUARDIAN NAME	HOME PHONE	DATE OF BIRTH	
CITY	STATE	ZIP CODE	

HOME STREET ADDRESS _____

ALTERNATE HOME ADDRESS _____

MOTHER/GUARDIAN BUSINESS PHONE	MOTHER/GUARDIAN CELL PHONE	FATHER/GUARDIAN BUSINESS PHONE	FATHER/GUARDIAN CELL PHONE
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MOTHER/GUARDIAN EMAIL	FATHER/GUARDIAN EMAIL
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IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

STUDENT'S PHYSICIAN - NAME AND ADDRESS _____ **PHONE** _____

STUDENT'S DENTIST - NAME AND ADDRESS _____ **PHONE** _____

PREFERRED HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE _____

ALLERGIES AND OTHER MEDICAL CONDITIONS: (If YES, please explain below. If necessary, continue explanation on the back side of this card.) YES NO

PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.	<p>In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school may take whatever arrangements seem necessary for the safety and welfare of my child.</p> <p>Parent Signature: _____ Date: _____</p>
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