St. Catherine's Elementary School	
EMERGENCY INFORMATION	MEDICAL/ALERT
Medical/Alert: (Refer to "Medical/Alert" section	Medical Alert:
if Medical/Alert Box is RED)	Allergies:
	Described and a community of light land 2 Very Co., N. C.
Student's Student's Name: Photo	Does student carry medication? Yes No
(Picture will be Date of Birth:	Care Card #
supplied by Grade:	My child should <u>NOT</u> be released to:
the School)	Name:
Family Doctor: Phone:	Name:
Family Name:	GENERAL INFORMATION
Parent or Guardian	Student's Address:
Name:	Home Phone:
Address:	The following person/s are authorized to
Work Phone:	pick up my child in an emergency:
Cell Phone:	Name:
Parent or Guardian	Phone:
Name:	Name:
Address:	Phone:
Work Phone:	Name:
Cell Phone:	Phone:
St. Catherine's Elementary School EMERGENCY INFORMATION	MEDICAL/ALERT
Na-di1/Al	NA - Ward Adams
Medical/Alert: (Refer to "Medical/Alert" section if Medical/Alert Box is RED)	Medical Alert: Allergies:
II Wedical/Alei Coox is NED)	
Student's Student's Name:	Does student carry medication? Yes No No
Photo Date of Birth:	Care Card #
(Picture will be supplied by Grade:	My child should <u>NOT</u> be released to:
the School)	,
	Namo
Family Doctor: Phone:	Name:
Family Name:	Name:
Family Name:	
	Name: GENERAL INFORMATION
Family Name: Parent or Guardian	GENERAL INFORMATION Student's Address: Home Phone:
Parent or Guardian Name:	GENERAL INFORMATION Student's Address:
Parent or Guardian Name: Address:	Student's Address: Home Phone: The following person/s are authorized to
Parent or Guardian Name: Address: Work Phone:	Student's Address: Home Phone: The following person/s are authorized to pick up my child in an emergency:
Parent or Guardian Name: Address: Work Phone: Cell Phone:	Student's Address: Home Phone: The following person/s are authorized to pick up my child in an emergency: Name:
Parent or Guardian Name: Address: Work Phone: Cell Phone: Parent or Guardian	Student's Address: Home Phone: The following person/s are authorized to pick up my child in an emergency: Name: Phone:
Parent or Guardian Name: Address: Work Phone: Cell Phone: Parent or Guardian Name: Address: Work Phone:	Rame: GENERAL INFORMATION Student's Address: Home Phone: The following person/s are authorized to pick up my child in an emergency: Name: Phone: Name: Phone: Name: Name:
Parent or Guardian Name: Address: Work Phone: Cell Phone: Parent or Guardian Name: Address:	Student's Address: Home Phone: The following person/s are authorized to pick up my child in an emergency: Name: Phone: Name: Phone: Phone: