MATERNITY OF MARY – ST. ANDREW SCHOOL
STUDENT INFORMATION/EMERGENCY FORM
(Complete one form for each student)
PLEASE PRINT CLEARLY

STUDENT FULL NAME _____
FIRST MIDDLE LAST

Complete only if student is Catholic	Date (mm/dd/yyyy)	Catholic Church	City	State
Baptism				
First Communion				
Confirmation				

FATHER'S NAME _____ Home Phone (___)_____
First Last
Father Religion_____ Father Email Address_____
Father address (if different from student)_____
Street City Zip
Father Daytime: Employer _____ Phone (___)_____
Employer Address_____Cell Phone (___)_____

MOTHER'S NAME_____Home Phone (___)_____
First Last
Mother Religion_____ Mother Email Address_____
Mother address (if different from student)_____
Street City Zip
Mother Daytime: Employer _____ Phone (___)_____
Employer Address_____Cell Phone (___)_____

Additional person to call in case of emergency: Name/Relationship: _____
Address:_____
Phone :___(___)_____
Additional person to call in case of emergency: Name/Relationship:_____
Address_____
Phone :__(___)_____

HEALTH INFORMATION: Allergies_____
Other medical conditions_____
My child's doctor is_____Address_____
Phone (___) _____
My child's dentist is_____Address_____
Phone (___) _____
My family's hospital is_____Ins. Co._____

In case of accident, serious illness, or ingesting of a hazardous substance, I give Maternity of Mary-St. Andrew School personnel my permission to contact my child's physician, or emergency hospital if I cannot be reached.

Signed_____ Date _____