

For office use only

Family Emergency Information

St. Monica Academy, 301 N. Orange Grove Blvd., Pasadena, CA 91103 (626) 229-0351

FAMILY INFORMATION

Home Phone	Home Address	City	State	Zip
Father's Name	Cell Phone Number	Work Number	Call Father	Circle one: 1st 2nd
Father's Occupation	Employer	Work Address	Hours and Days of Employment	
Mother's Name	Cell Phone Number	Work Number	Call Mother	Circle one: 1st 2nd
Mother's Occupation	Employer	Work Address	Hours and Days of Employment	
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other			Children live with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	

STUDENT INFORMATION

First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:
First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:
First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:
First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:
First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:
First name	Last name	Grade	Medical Conditions:	Allergies:
				Medications:

Turn page over and complete reverse

EMERGENCY CONTACTS IN THE EVENT YOU CANNOT BE REACHED

Full Name	Relationship	Home Phone	Work/Cell Phone
Full Name	Relationship	Home Phone	Work/Cell Phone

HEALTH INSURANCE INFORMATION

Carrier	Address	Group Number	Subscriber Number
Doctor's Name	Address	Phone	

EMERGENCY RELEASE INFORMATION

To be completed by school official in the event of an emergency or natural disaster

Student's Name	Released to: Date: Time:	Location where child was taken:	School official releasing student:
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CONSENT FOR MEDICAL TREATMENT AND RELEASE FROM LIABILITY: The Undersigned hereby authorize(s) any St. Monica Academy representative to consent to any medical treatment or hospital care for the Student(s) including transportation to any hospital in the event of the Student's (s') illness or accident. On behalf of the Undersigned and the Student(s), the Undersigned hereby release(s) St. Monica Academy from all actions, financial or other claims or demands they now have or may hereafter have arising from St. Monica Academy's exercise of this consent.

Father's Signature

Mother's Signature