

~ ST. STEPHEN SCHOOL ~

Emergency Information 2026-2027

FAMILY NAME: _____

<i>Student Name</i>	<i>Grade</i>	<i>Student Name</i>	<i>Grade</i>

HOME PHONE NUMBER: _____

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

E-MAIL: _____

Parent/Guardian place of employment

Father _____ Hours _____ Phone _____

Mother _____ Hours _____ Phone _____

Name of a LOCAL person to contact if parent/guardians are not available

Name _____ Relationship _____

Address _____ Phone _____

Health Information

Primary Insurance Carrier _____ Policy/Group Number _____

Doctor/Pediatrician Name _____ Phone _____

Dentist Name _____ Phone _____

Does your child have any unusual health conditions? Yes No
If yes, please indicate

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Health Information continued

Are there any physical or emotional limitations the Instructor and staff should consider in working with your child? Yes No

If yes, please explain: _____

Signature _____ **Date:** _____

Emergency Medical Authorization

In the event reasonable attempts to contact me at the above-listed phone numbers have been unsuccessful, I hereby give consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

Parent/Guardian Signature: _____ **Date:** _____

Photo Consent and Release Form

SEE ATTACHED FORM

CUSTODIAL RIGHTS

Information will be provided to both parents unless a court order supersedes this. If this is the case, a copy of the court order should be attached.