

**ST. PETER ACADEMY**  
**EMERGENCY INFORMATION**

**FAMILY NAME:** \_\_\_\_\_

**NAME OF CHILDREN AND GRADE:** \_\_\_\_\_

\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE NO.:**

\_\_\_\_\_

**FATHER'S CELL NO.:** \_\_\_\_\_

**FATHER'S BUS. NO.:** \_\_\_\_\_

**FATHER'S EMAIL ADDRESS** \_\_\_\_\_

**MOTHER'S CELL NO.:** \_\_\_\_\_

**MOTHER'S BUS. NO.:** \_\_\_\_\_

**MOTHER'S EMAIL ADDRESS** \_\_\_\_\_

**ALTERNATE PERSON TO NOTIFY:** \_\_\_\_\_

**HOME NO.:** \_\_\_\_\_ **CELL NO.:** \_\_\_\_\_

**DOCTOR TO NOTIFY:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_ **HOSPITAL PREFERENCE** \_\_\_\_\_

**List any medical condition the student may have: i.e., (allergies, asthma, etc.)**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_