St. Rose of Lima School 2026-2027
EMERGENCY FORM

CHILDREN'S NAMES:

(First and Last)	Grade	(First and Last)	Grade
(First and Last)	Grade	(First and Last)	Grade

PARENTS/GUARDIANS NAMES:

(First and Last)	Relationship	Contact Number
(First and Last)	Relationship	Contact Number

EMERGENCY CONTACTS:
These people will be contacted in the event that a parent/guardian cannot be reached. These people will be allowed to pick up your child from school- including Extended Care if applicable.

(First and Last)	Relationship	Contact Number
(First and Last)	Relationship	Contact Number
(First and Last)	Relationship	Contact Number
(First and Last)	Relationship	Contact Number

MEDICAL INFORMATION:
Please note that only medication sent in by a parent/guardian, with instruction of dosage, will be given to students. No medication will be sent home with students.

MEDICATION your child takes of which we should be aware. ☐

ALLERGIES of which we should be aware. **EPI-PEN**

MEDICAL CONDITIONS of which we should be aware.

PHYSICIAN'S NAME **Address** **Contact Number**

HOSPITAL PREFERENCE