



SAINT HYACINTH ACADEMY

2019-2020 Academic School Year

Student Emergency Information

Student Last Name:		Student First Name:	
Grade:	Date of Birth: ____/____/____	Home Phone No: ()	
Residence Address:		City:	State: Zip

Parent Information

Father's Name or Legal Guardian (Last, First):		Employer:	
Business Phone No: ()		Cell Phone No: ()	
Mother's Name or Legal Guardian (Last, First):		Employer:	
Business Phone No: ()		Cell Phone No: ()	
Father's/ Legal Guardian Email address:		Mother's/ Legal Guardian Email address:	

Medical Information

Family Doctor:	Business Phone No: ()
Hospital of Choice:	Business Phone No: ()
List medications child is taking:	
List any medical limitations/allergies:	

In the event of illness/accident and I/we can not be reached, I/we wish one of the following to be notified. They are authorized to act in my/our absence. I/We understand that it is my/our obligation to inform them that their names have been used on this card. In case of minor injury, first aid may be administered by a qualified school employee.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Father/Guardian signature: _____

Mother/Guardian signature: _____

Date: _____

Date: _____