

Saint Columbkille Catholic School
2019-2020 Emergency Contact Information

PLEASE PRINT CAREFULLY

CHECK HERE IF YOUR INFO HAS CHANGED FROM LAST YEAR

Family Last Name	
Home Address	
Primary Phone #	landline ____ or cell ____
Email Address	
Student lives with:	both parents__ mother__ father__ other__ (specify custody arrangements):

Grade:	Children's Names:	

First contact in the event of illness, emergency, or early dismissal should be: Mother__ Father__

	Mother/Guardian	Father/Guardian
Name		
Employer		
Work Phone		
Cell Phone		
Email Address		

If we cannot reach a parent or guardian, please name **at least three** relatives or friends **who are available during the day and may be called if your child is ill or in the event of an emergency or early dismissal.**

They will be contacted in the order in which they are listed.

	Name	Relationship to Child	Home Phone	Cell Phone
1				
2				
3				
4				

The above recommendations of the parent/guardian will be respected whenever possible, but I understand that in an emergency situation the judgement of the school authorities will prevail. If a change in the above information is necessary, I will notify the school in writing or via email.

Parent Signature _____ **Date** _____