St. Bartholomew School

FAMILY/STUDENT EMERGENCY INFORMATION FORM (one per family)

FAMILY LAST NAME:_____

Child's Name	*Date of Birth (mm/dd/yyyy)*	*Type of Food Allergy or Asthma (If none, indicate none.)*	*Grade for 2025-2026*

Parent/Guardian	*Mother/Guardian*	*Father/Guardian*
Name		
Street Address		
City, State, Zip		
Home Telephone #		
Cell Phone #		
Email Address		
Employer		
Employer Address		
Occupation		
Work Phone #		
Religion		
SBS Alumnus?		

Parental Status	☐ *Married* ☐ *Separated* ☐ *Divorced* ☐ *Deceased Spouse* ☐ *Never Married*

Child/Children Reside With:	☐ *Mother* ☐ *Father* ☐ *Both* ☐ *Legal Guardian* ☐ *Other*_____

Emergency Contact Information (Other than Parent/Guardian)

The following people, other than a parent or guardian, are authorized to pick up my child/children if a parent/guardian is unavailable. I assume full responsibility for such action. Persons designated must be available during school hours, within one hour driving distance. A minimum of two contacts must be specified.

Contact 1	**Name:**	
	Home Phone #:	**Cell Phone #:**
	Relationship to Child:	

Contact 2	**Name:**	
	Home Phone #:	**Cell Phone #:**
	Relationship to Child:	

Contact 3	**Name:**	
	Home Phone #:	**Cell Phone #:**
	Relationship to Child:	

_____ _____

Parent/Guardian Signature **Date**

12/19/2024