

**MARY QUEEN OF SAINTS – EMERGENCY INFORMATION**

**Please Print and *FILL OUT COMPLETELY*:**

**Child(ren)(s)**

**Last Name:** \_\_\_\_\_ **First Name/Grade:** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**PARENTS EMPLOYMENT**

**Father's Full Name:** \_\_\_\_\_ **Workplace:** \_\_\_\_\_  
**Work Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Workplace:** \_\_\_\_\_  
**Work Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Please list below, in order of preference, those persons who will assume temporary care of your child(ren) in the event that you cannot be reached at home or at work:**

1. **Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
2. **Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
3. **Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How do your child/ren get home from school?** \_\_\_\_\_

**If they get a ride, name of person responsible:** \_\_\_\_\_ **Phone:** \_\_\_\_\_