



Student Information for Powerschool Emergency Contact Report

Student's Name: _____

Grade: _____

Mailing Address: _____

Birthdate: _____

Social Security Number: _____

Ethnicity: _____

Street: _____

City, State, Zip: _____

Home Phone: _____

Parent/Guardian Email Address: _____

Alternate Parent/Guardian Email Address: _____

Parent/Guardian Information

Mother: _____

Employer: _____

Work Phone/ Cell Phone: _____

Father: _____

Employer: _____

Work Phone/ Cell Phone: _____

StepParent's Name: _____

Stepparent Employer: _____

Work Phone/ Cell Phone: _____

Child lives with/ Who has custody: _____

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Name and Phone of First Contact: _____

Relationship to Student: _____

Name and Phone of Second Contact: _____

Relationship to Student: _____

Name and Phone of Third Contact: _____

Relationship to Student: _____

Medical Information

Doctor's Name: _____

Doctor's Phone: _____

Medical Information (continued)

Dentist's Name: _____

Dentist's Phone: _____

Health History

List allergies: Give Dates Hospitalized with Allergies:

List Diseases, Injuries and Year:

List Medication Administered at Home: _____

List Medication Administered at School: _____

Insurance Information

Insurance Company: _____

Policyholder Name: _____

Insurance Number: _____

Policyholder Social Security Number: _____

Emergency School Closure Plan

If school is dismissed early, _____ should:

Ride the bus home _____ Ride the bus to daycare _____ Go home by car _____ Walk Home _____

Will be picked up by: _____

Other Plan: _____

Daily Mode of Transportation

A.M Transportation: _____

P.M. Transportation: _____

Student's Resident School District: _____

Distance from Home to School: _____

Sacraments

Student's Residing Parish: _____

Baptism Date: _____

Baptism Parish: _____

Reconciliation Date: _____

Reconciliation Parish: _____

First Eucharist Date: _____

First Eucharist Parish: _____

Confirmation Date: _____

Confirmation Parish: _____