St. Peter Emergency Contact Form
(Required annually by the diocese)

Date: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Father's Place of Employment: _____
Phone: _____

Mother's Place of Employment: _____
Phone: _____

Day Care Provider: _____
Phone: _____

Local Physician: _____
Phone: _____

List two neighbors or relatives who will assume temporary care of your child if you cannot be reached:
Name: _____
Phone: _____

Name: _____
Phone: _____

Please list your child's name & indicate any kind of health problem (diabetes, hearing/vision problems, allergies, etc.)

_____
_____
_____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the CCD Program may take whatever action is deemed necessary.

Parent Signature: _____

Student's Last Name: _____