



771 Old Perch Road | Rochester Hills, MI 48309-2455
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EMERGENCY INFORMATION FORM

In accordance with Archdiocesan policy, we must have **a separate** emergency information on file for each child in our program. **Please be sure to sign at the bottom of this form.**

Child's Name: _____

Address: _____

Date of Birth: _____ Grade: _____

Allergies, Medications or health issues:

Emergency Phone(s):

Father's Name: _____

Phone # (where you can be reached during class time) _____

Mother's Name: _____

Phone # (where you can be reached during class time) _____

OR Legal Guardian: _____

Phone # (where you can be reached during class time) _____

Alternate Name and Phone # (if we are unable to reach you):

Relationship to your child: _____

Family Physician: _____ Phone #: _____

Address: _____

This authorization is completed and signed with the sole purpose of authorizing emergency medical treatment, only after a reasonable effort has been made to reach me. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Signed: _____ Date: _____

(Parent or Guardian)