

SAINT RAYMOND CATHOLIC SCHOOL  
CARES PROGRAM  
EMERGENCY LIST

PLEASE UP DATE IF ANY CHANGES DURING THE SCHOOL YEAR.

STUDENT'S NAME \_\_\_\_\_

STUDENT'S GRADE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE NUMBER ( ) \_\_\_\_\_

MOTHER'S WORK NUMBER(EXT.) ( ) \_\_\_\_\_

MOTHER'S CELL PHONE NUMBER \_\_\_\_\_

FATHER'S WORK NUMBER(EXT.) ( ) \_\_\_\_\_

FATHER'S CELL PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

EMERGENCY CELL PHONE NUMBER \_\_\_\_\_

THE FOLLOWING PEOPLE WILL BE PICKING UP MY CHILD.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

LIST ALL SIBLINGS ATTENDING ST. RAYMOND'S

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

LIST ANY ALLERGIES OR MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_