

Cretin-Derham Hall
Emergency Contact Information

This form must be completed for **each** student and returned to the student's homeroom teacher by Thursday, August 30, 2007. Students may not attend classes if this form is not returned to CDH by this date.

Student name _____ **Grade** _____

Address _____

Date of Birth _____

Home Phone _____ Cell Phone _____

History of Chronic Illness _____ Seizures _____ Diabetes _____ Asthma
_____ Serious Allergies to _____
_____ Other (Please list) _____

Current Medications _____

Preferred Hospital _____

Student's Homeroom Teacher Name _____

Mother/Guardian Name _____

Work Phone _____

Cell Phone _____

Email _____

Father/Guardian Name _____

Work Phone _____

Cell Phone _____

Email _____

Non Custodial Parent Name _____

Relationship to Student _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Emergency Contact (Please list someone other than a parent or guardian we may contact in case of an emergency.)

Name _____

Daytime Phone _____

Work Phone _____

Cell Phone _____

Relationship _____

Parent Signature _____