

**OUR LADY'S CHRISTIAN SCHOOL EMERGENCY DATA FORM**

**Child(ren)'s Last Name** \_\_\_\_\_

Parish: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

In the event your child becomes ill and neither parent can be contacted, we will contact a relative or friend designated by you. We must have at least three names listed below.

1<sup>st</sup> \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Please list children attending Our Lady's Christian School-oldest child first

Name \_\_\_\_\_ Grade \_\_\_\_\_ A/B Allergies/Medical Conditions/Medication/Glasses

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I grant permission to share this health information with staff at OLCS Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Please fill out put **one form per family** and **return on the first day of school**.  
If any of this information changes, please contact us immediately.