

SAINT PETER'S ACADEMY

4250 38th Avenue, Vero Beach, FL 32967 | (772) 562-1963

Emergency information

Provide current contact information. Notify the school office when these details change.

Student name

Date of birth

Home phone

Parent or guardian cell phone

Home address

Mailing address if different

Languages spoken at home

Parent or guardian work contacts

Parent or guardian 1 name

Employer

Work phone

Cell phone

Parent or guardian 2 name

Employer

Work phone

Cell phone

Two people who may temporarily care for the child

Contact 1 name

Relationship

Home phone

Cell phone

Contact 2 name

Relationship

Home phone

Cell phone

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Emergency authorization

Read and sign this authorization. Keep the emergency contacts on the previous page current.

Student name

Date of birth

Medical information

Medical conditions and allergies

Additional medical details

Child doctor

Doctor phone

Authorization for emergency care

In an emergency, such as an accident or serious illness, I understand that the school will attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on the emergency information form and follow the doctor's directions. If the doctor cannot be contacted, I authorize the school to take whatever steps are deemed necessary.

In case of emergency, the school will call 911.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature

Additional information for emergency care

Additional instructions or information