



# Saint John Berchmans School

2511 West Logan Blvd. • Chicago, IL 60647 • p 773.486.1334 • f 773.486.1782  
[www.stjohnberchmans.org](http://www.stjohnberchmans.org)

## 2010-2011 Emergency Form

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**PLEASE PRINT:**

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Health Conditions/Allergies (please explain): \_\_\_\_\_

Medications (please list): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Health Conditions/Allergies (please explain): \_\_\_\_\_

Medications (please list): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Health Conditions/Allergies (please explain): \_\_\_\_\_

Medications (please list): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Health Conditions/Allergies (please explain): \_\_\_\_\_

Medications (please list): \_\_\_\_\_

\*\*Please remember to have your child's doctor complete the Medical Authorization Form for all medications your child will need to take during the school day. These forms must be resubmitted at the beginning of each school year.

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Children's Physician: \_\_\_\_\_ Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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(Please complete other side.)



In case of accident or illness, if the parent or person responsible for the child cannot be reached, please list below, persons who can be contacted or who may pick your child up from school:

Name of Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Add as an Emergency Contact

Add to Pick-Up list

Name of Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Add as an Emergency Contact

Add to Pick-Up list

\*\*Please call, email or send a note to the school office if any of the above information changes or if you would like to add or delete a person.



Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_