



ST. BARTHOLOMEW ACADEMY

The Catholic School that makes a difference in your child's life.

EMERGENCY AND CRISIS FORM 2018-2019 (Due to the school office by August 27)

Please Print Clearly

Home Address: _____ Family Name: _____

_____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Place of Business: (incl. name, address & ph. #)

Place of Business: (incl. name, address & ph. #)

Should your child become ill and must be sent home, please list below the names and phone numbers of **3** persons (i.e., aunt, grandparent, neighbor, etc.) who could be called to act in your absence.

Person's Name

Relationship

Phone Number

Doctor's Name & Address: _____

_____ Phone Number: _____

Hospital: _____

List Children Attending St. Bartholomew Academy:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parent's Signature: _____

Date: _____