

**St. Martin of Tours Parish School  
EMERGENCY INFORMATION RECORD**

			2009-2010	
Last Name	First	Middle	School Year	Grade

Address	Phone Number
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City	State	Zip Code
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Father/Guardian	Work Phone Number	Cell Phone Number
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Father/Guardian daytime e-mail address

Mother/Guardian	Work Phone Number	Cell Phone Number
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Mother/Guardian daytime e-mail address

Family Physician	Phone Number
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Emergency Contact (if parents unreachable)	Phone Number	Relationship
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In the event of an emergency, I consent to medical care or treatment, as needed, until I can be reached. I will be responsible for incurred medical costs in the event of accidental injury.

Signature of Parent/Guardian	Date
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Allergies

<input type="checkbox"/> Medication	Dosage	Reason
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Restriction of Activity (degree of restriction and why it is necessary)

Other Physical Conditions (please explain)