



SAINT GABRIEL CATHOLIC SCHOOL
4500 South Wallace Street; Chicago, IL 60609
Office: 773.268.6636 FAX: 773.268.2501 www.saintgabes.com

Saint Gabriel Catholic School 2017 - 2018
STUDENT EMERGENCY DATA SHEET

Students' Names:

Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/17: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/17: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/17: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/17: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/17: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	

- OVER PLEASE -

Mother's Name: _____ Cell# _____
 Employer's Name/Address: _____
 Mother's Work# _____ Ext# _____
 Mother's Email _____

Father's Name: _____ Cell# _____
 Employer's Name/Address: _____
 Father's Work# _____ Ext# _____
 Father's Email _____

If school cannot contact parent(s), I authorize the following individuals to pick up my child from school.

(1) _____
 Relationship to Child _____ Name _____

 Home# _____ Cell# _____ Work# _____

(2) _____
 Relationship to Child _____ Name _____

 Home# _____ Cell# _____ Work# _____

The above recommendation of the parent/guardian will be respected as far as possible. I understand that the final disposition of an emergency will be based on the judgment of the school authorities to ensure the welfare of the child. In case of an emergency I give authorization to Saint Gabriel Catholic School to call 911 and transport my child to the nearest appropriate hospital.

The following individuals are NOT permitted to pick up my child(ren). A court order has been given to the school office to substantiate this directive:

_____ Relationship
 Name _____
 _____ Relationship
 Name _____

I will immediately inform the school, in writing, anytime the above information changes.

Parent/Guardian Signature _____ Date ____/____/____