



SAINT GABRIEL CATHOLIC SCHOOL  
4500 South Wallace Street; Chicago, IL 60609  
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Saint Gabriel Catholic School 2018 - 2019  
STUDENT EMERGENCY DATA SHEET

Students' Names:

Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/18: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/18: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/18: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/18: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/18: _____	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:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_