



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 2019 - 2020
STUDENT EMERGENCY DATA SHEET

Students' Names:

| | | |
|-------------------------------|---------------------------|--------------|
| Last: _____ | First: _____ | |
| Date of Birth: ____/____/____ | Age as of 09/01/19: _____ | Grade: _____ |
| Family Doctor: _____ | Tel# _____ | |
| Medication: _____ | Allergies: _____ | |
| | | |
| Last: _____ | First: _____ | |
| Date of Birth: ____/____/____ | Age as of 09/01/19: _____ | Grade: _____ |
| Family Doctor: _____ | Tel# _____ | |
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| | | |
| Last: _____ | First: _____ | |
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| 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 ____/____/____