



Dear Parent(s) or Guardian(s):

Please fill out this form so that we have an up-to-date list of emergency phone numbers and names. It is important that this list includes people that are able to come to the school quickly in the event of illness or other emergencies. Please make sure the numbers are valid, and that the person you have listed is aware he or she is your emergency contact. Thank you!

Student Name: _____ **Class:** _____

Dismissal Routine: please denote with a check mark

Car/Parent pick up Walk Schoolbus SEPTA bus
 STARS/OST Challengers

Child Care Service (if marked, please complete the following)

- Name of Service _____
- Name of Contact Person _____
- Phone Number _____

Parent/Guardian #1

Name: _____ Relationship: _____
 Primary Phone: (Number you wish to receive automated messages) _____
 Work Phone: _____ Home Phone: _____
 Cell Phone: _____ Alternate Phone: _____
 Email: (if you wish to receive correspondence) _____

Parent/Guardian #2

Name: _____ Relationship: _____
 Primary Phone: (Number you wish to receive automated messages) _____
 Work Phone: _____ Home Phone: _____
 Email: (if you wish to receive correspondence) _____

Emergency Contact #1

Name: _____ Relationship: _____
 Phone Number: _____ Can pick-up student (circle one): yes or no

Emergency Contact #2

Name: _____ Relationship: _____
 Phone Number: _____ Can pick-up student (circle one): yes or no

Emergency Contact #3

Name: _____ Relationship: _____
 Phone Number: _____ Can pick-up student (circle one): yes or no

I authorize the above contacts access to my child. I give St. Helena-Incarnation School consent to contact these persons in the event of emergencies. I also verify that my child will be dismissed via the above mentioned routine.

Parent/Guardian Signature: _____ Date: _____