



KENNEDY CATHOLIC PREPARATORY SCHOOL

Student Emergency Care Form for Health Office

Student's Name _____ Gender _____ Grade _____

Mailing Address _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Mother's Name _____

Home Phone () _____ Home Phone () _____

Business Phone () _____ Business Phone () _____

Cell Phone () _____ Cell Phone () _____

Pager () _____ Pager () _____

Family Physician _____ Phone () _____

Family Dentist _____ Phone () _____

IN AN EMERGENCY If my child needs emergency medical care and I cannot be reached – please call

(1) _____

Work Phone () _____

Cell Phone () _____

Home Phone () _____

(2) _____

Work Phone () _____

Cell Phone () _____

Home Phone () _____