



St. Bernard Prep School

Contact Information and Release for Medical Treatment

STUDENT INFORMATION

Student's Name: _____ Male Female Date of Birth: _____ Age: _____

Home Address: _____

City/State/Zip: _____

Student's Cell Phone: _____ Social Security Number: _____

Parent/Guardian #1 Name: _____	Parent/Guardian #2 Name: _____
Home Address: _____	Home Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Time Zone: _____	Time Zone: _____
E-mail: _____	E-mail: _____

In the event that we need to communicate with the parent or guardian above who should be called first and at what number?

P/G #1 P/G #2 Home Work Cell

IN CASE OF EMERGENCY

When Parent(s)/Guardian(s) cannot be reached, please call: _____

Relationship to student: _____ Home Phone: _____

Home Address: _____

City/State/Zip: _____

Work Phone: _____ Cell Phone: _____

For Day Students:

Can the person listed give you son or daughter permission to drive themselves home from school? YES NO

Please list other family members or friends whom you authorize to pick up your child from school.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

INTERNATIONAL STUDENTS OR STUDENTS WITH PARENTS LIVING ABROAD

Is there a domestic relative, friend or contact person who is fluent in English that we can contact in the event of a **medical event or emergency and who can act as a medical care decisions for your child in your absence?** YES NO

If YES, please provide the following information:

Name: _____ Relationship: _____

Home Number: _____ Work Number _____ Cell Number: _____

Home Address: _____

City/State/Zip: _____

Note: Please complete all lines on both sides of document and return to St. Bernard Prep School