

**Christ the King Regional School
Family Emergency Form**

Family Name: _____ Home Phone Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Work Number: _____ Work Number: _____

Cell Number: _____ Cell Number: _____

Child(ren):

1. _____ Grade: _____ 4. _____ Grade: _____

2. _____ Grade: _____ 5. _____ Grade: _____

3. _____ Grade: _____ 6. _____ Grade: _____

Please supply the name of two persons who will assume responsibility for your child in case parent cannot be reached.

1. Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Number: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Number: _____

Personal Physician: _____ Phone Number: _____

Address: _____

Personal Dentist: _____ Phone Number: _____

Address: _____

Hospital of Choice: _____

I, the undersigned, parent or guardian of the above child(ren) authorize Christ the King School personnel to take prudent action in case of an emergency involving my child(ren).

Signature

Please Print Name

Please state below if the child(ren) has any allergies, suffers from epilepsy, diabetes, etc. or has any other serious health issues.

Child: _____

Child: _____

Child: _____

Child: _____

- I give my permission to the nurse to share pertinent health concerns with teacher.

Parent Signature

Date

Transportation

Please check one.

Walker _____ Car Rider _____ CTK Bus _____ Bus ____/#____ (# of the Bus)