



St. Paul's Choir School

Student Emergency Form

Student		DOB	
Address		Cell Phone	
City, State, Zip		Home Phone	
Parent/Guardian 1		Parent/Guardian 2	
Address		Address	
City, State, Zip		City, State, Zip	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email		Email	

Person(s) other than parent to contact in an Emergency:

Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

	YES	NO
Does your child have any allergies? If yes, explain below		
Does your child carry an EpiPen? Please supply the school with 2 EpiPens.		
Does your child take medicine regularly? If yes, explain below (dosage, times, etc.)		
Please give further explanations of "yes" answers above or include additional information we should know.		

While my son is with the St. Paul's Choir School, I hereby authorize the Headmaster, Director, Principal and/or one on the chaperones in charge of the Choir, to make any necessary arrangements for the care and treatment of my son in case of accident or illness.

Name (print) _____ Date _____

Signature Parent/Guardian

Date