

2023-2024

**ST. JEAN BAPTISTE  
TODDLER PROGRAM**

**EMERGENCY INFORMATION RECORD**

**GRADE:** \_\_\_\_\_

**Last Name of Child** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Home Street Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's Business Phone** \_\_\_\_\_ **Mother's Cell Phone/Pager** \_\_\_\_\_

**Father's Business Phone** \_\_\_\_\_ **Father's Cell Phone/Pager** \_\_\_\_\_

***IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:\****

**\*Please note, emergency contacts should live in close proximity to the school and be able to drive or make arrangements for the pickup of the child.**

**1. Name:** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Allergies and other medical conditions:**

**Allergies**                       **Asthma**                       **Diabetes**                       **Other**

**(explain)**

**Epilepsy**                       **Heart Problems**

**Recurring Illness** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THERE WILL BE STRICT ADHERENCE TO THE RULE THAT YOUR  
CHILD(CHILDREN) WILL NOT BE RELEASED TO ANYONE NOT OFFICIALLY**

**DESIGNATED ON THE EMERGENCY FORM.**