

YORK CATHOLIC HIGH SCHOOL STUDENT INFORMATION EMERGENCY FORM

Last Name _____	First Name _____	Middle Name _____
Grade _____	Year of Grad _____	SSN# _____
Sex _____	Birth Date _____	Birth Location _____
Parish _____		Previous School _____
School District _____		
Doctor's Name _____		Doctor's Phone _____
<i>For Internal Use Only:</i> HR _____ HR Teacher _____ Family Group _____		

Father's Information				
Name _____				
Employer _____		Occupation _____		
Employer's Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

Mother's Information				
Name _____				
Employer _____		Occupation _____		
Employer's Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

Contact 1: PRIMARY CONTACT				
Name _____		Relation (Mother, Father, Guardian, Foster) _____		
Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Home Phone _____	Cell Phone _____	Work Phone _____		
Email _____	Student resides with this contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Contact 2: SECONDARY CONTACT				
Name _____		Relation (Mother, Father, Guardian, Foster) _____		
Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Home Phone _____	Cell Phone _____	Work Phone _____		
Email _____	Student resides with this contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Contact 3: EMERGENCY CONTACT				
Name _____		Relation (Mother, Father, Guardian, Foster) _____		
Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Home Phone _____	Cell Phone _____	Work Phone _____		
Email _____	Student resides with this contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is your child under a doctor's care for any reason or is he/she on any medication? Yes No

If yes, please explain:

Parent/Guardian Signature *Date*