

**Saint James School**  
**200 South Finley Avenue**  
**Post Office Box 310**  
**Basking Ridge, New Jersey 07920**

**2017-2018 STUDENT EMERGENCY/MEDICAL INFORMATION**

Name of Student \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone \_\_ (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

**If applicable,**

Name of Guardian \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)**

Name \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_

**Medical Doctor:**

**Dentist:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone \_\_ (\_\_\_\_) \_\_\_\_\_ Telephone \_\_ (\_\_\_\_) \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any health/medical problems: \_\_\_\_\_

List medicine/drugs taken regularly: \_\_\_\_\_

***In the event of an emergency and none of the persons listed on this form are available, I authorize the school to take my child to a hospital, doctor's or dentist's office for emergency care.***

Hospital Preference: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_