

**Cretin-Derham Hall**  
**Emergency Contact Information**

This form must be completed for **each** student and returned to the student's homeroom teacher by Thursday, August 28, 2008. Students may not attend classes if this form is not returned to CDH by this date.

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

History of Chronic Illness \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma  
\_\_\_\_\_ Serious Allergies to \_\_\_\_\_  
\_\_\_\_\_ Other (Please list) \_\_\_\_\_

Current Medications \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Student's Homeroom Teacher Name \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Non Custodial Parent Name** \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact** (Please list someone other than a parent or guardian we may contact in case of an emergency.)

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_