



STUDENT EMERGENCY INFORMATION FORM

SAK-SEIF-2025-01

St. Angela



Kindergartens

SECTION 1 – STUDENT & FAMILY INFORMATION

Attach Passport Photo

Child's Full Name _____

I.D Card Number _____

Date of Birth _____

Home Address

Other relevant Address

Home Landline Number _____

Mother's Name/Guardian Name _____

Mother's Mobile Number _____

Occupation _____

Work Phone Number _____

Father's Name/Guardian Name _____

Father's Mobile Number _____

Occupation _____

Work Phone Number _____

SECTION 2 – AUTHORIZATION FOR EMERGENCIES

Family Doctor/Child's Physician: _____

Telephone and mobile number: _____

Known allergies and other medical concerns:

Emergency Contacts for use ONLY if the parents cannot be contacted:

List 1

Name _____

Relationship to child _____

Home Number _____

Mobile Number _____

List 2

Name _____

Relationship to child _____

Home Number _____

Mobile Number _____

Consent Declaration:

I the undersigned hereby grant permission for the provision of emergency medical assistance and treatment in the event of an accident occurring at school or during a school outing. Specifically, I authorize the school to notify emergency services first and parents/guardians second. In the event that paramedics and/or an ambulance arrive before parents/guardians, I consent for my child to being accompanied by a staff member to a hospital or polyclinic for examination and treatment by medical professionals, should no contact person be reachable.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date