

**St. Aloysius Catholic School - 112 Mt. Mercy Dr - Pewee Valley, KY 40056**

**STUDENT EMERGENCY CARD** (Please print clearly)

Student's Name \_\_\_\_\_ Goes by \_\_\_\_\_  
Last First Middle Name

Home Address \_\_\_\_\_  
Street City State Zip

County \_\_\_\_\_ Student Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Grandparent(s)  
 Mother/Step Father  Father/Step Mother  Other \_\_\_\_\_

Race  White  Black or African American  Multi Race  Asian  
 Pacific Islander or Native Alaskan  American Indian

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Mother's Name \_\_\_\_\_  
Last First Maiden

Home Address \_\_\_\_\_  
Street City State Zip

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

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Maiden

Home Address \_\_\_\_\_  
Street City State Zip

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

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Student Allergies \_\_\_\_\_

Special MEDICAL PROBLEMS or PROCEDURES we should be aware of:

\_\_\_\_\_ Medical Insurance Co \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Pediatrician Phone # \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT: Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to student \_\_\_\_\_