Mount Saint Mary Academy
Emergency Information
School Year 2010-2011
(this form is kept by the classroom teacher)

Student Name _____ Grade _____

Address_____ _____ _____
Street City/Town Zip

Home Phone_____

Mother's Name _____ Cell Phone_____

Business phone # _____

Father's Name _____ Cell Phone_____

Business phone # _____

Designated person to whom m child may be released in case of an emergency:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize release of my son/daughter to any adult with whom he/she feels comfortable.

Circle one: YES NO

If telephone service is interrupted, long distance service will be the first service repaired. Please list a long distance telephone number to call with information in case local telephone service is interrupted. In the event of a catastrophic disaster, this should be an out-of-state number.

Long distance number (_____) _____

Name of person _____ Relationship _____

_____ _____
Signature Date