



SAINT MARY SCHOOL

340 Cumberland Street
Gloucester, NJ 08030
Ph. 856-456-0913
Fax 856-456-7382
www.smshope.org

Emergency Information

Grade _____ Teacher _____
Students Last Name _____ First Name _____ DOB ____/____/____
Address _____ City _____ State/Zip _____

Parent/Guardian Information

Mothers Last Name _____ First Name _____
Home Phone # _____ Cell Phone # _____ Email _____
Address _____ City _____ State/Zip _____
Employer _____ Title _____ Phone # _____

Fathers Last Name _____ First Name _____
Home Phone # _____ Cell Phone # _____ Email _____
Address _____ City _____ State/Zip _____
Employer _____ Title _____ Phone # _____

List 3 neighbors or nearby relatives who will assume temporary care of you child if you cannot be reached.

- Name _____ Relationship _____
Address _____ City _____ State/Zip _____
Home Phone # _____ Cell Phone # _____
- Name _____ Relationship _____
Address _____ City _____ State/Zip _____
Home Phone # _____ Cell Phone # _____
- Name _____ Relationship _____
Address _____ City _____ State/Zip _____
Home Phone # _____ Cell Phone # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instruction. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____ Date _____

Allergies _____

Other Medical Conditions _____

Local Physician's Name _____
Address _____
Office Phone # _____

Please Note: Any and all medication brought to school **MUST BE** kept in the school office. The medication **MUST BE** marked with the student's name, name of the medication, and instructions for administering. A note from the parent and doctor must also be attached.