

St. Mary's Ryken High School
Emergency Form

(Please Print)

Last Name	First Name	Middle
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Address	City	State	Zip Code
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Student lives with: (circle one) Both Parents / Mother / Father / Guardian

Mother/Guardian	Home Number	Work Number	Cell Number
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Father/Guardian	Home Number	Work Number	Cell Number
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List two emergency contacts if parents are unavailable:

Name	Relationship	Home Number	Work Number	Cell Number
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Name	Relationship	Home Number	Work Number	Cell Number
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In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. If, in the event, I cannot be reached, the treatment or referral necessary for the best interest of the above named participant is given.

Allergies: _____

Other medical conditions: _____

Physician's Name: _____ Phone Number: _____

Insurance Company Name: _____ Insurance Company Phone: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Signature of Parent/Guardian

Date