St. Patrick's School After School Ministry

EMERGENCY INFORMATION FORM 2026-2027

PLEASE COMPLETE ALL THE INFORMATION BELOW:

Students Name:1-_____ Class_____
2-_____ Class_____
3-_____ Class_____

E-Mail address(es) to receive ASM info_____

***If we need to reach a parent in an EMERGENCY, please rank(circle the no.) which phone to call 1st,.**

Mother's name: _____ Cell #: _____ Home #: _____

Work #_____

Father's name: _____ Cell #: _____ Home#: _____

Work #_____

The list below is in the event of ***Fire, Electric Outage, or any other unexpected school closing***. If you're unavailable to pick your child up, we ***WILL NOT RELEASE*** your child to anyone listed below without written authorization.

Name _____ Phone #: _____ Pickup anytime:_____(initial)

Name _____Phone #:_____ Pickup anytime:_____ (initial)

Name _____ Phone #:_____ Pickup anytime:_____ (initial)

Name _____ Phone #:_____ Pickup anytime:_____ (initial)

Note: If you want a particular person to have the ability to take your child at any time without us contacting you, please indicate it with your signature on the line next to their name.

Does your child have any allergies or medical conditions that we should be aware of? (Asthma, food allergies, etc…)

Please use the following space to provide us with any additional information that is necessary concerning your child.

Parent Signature_____

Date_____

ASM@stpsthunt.org / (631) 897-2128 ASM CELL