



Saint John the Evangelist School

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Little Canada, MN 55117
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2010-2011 Eagle Club Student Emergency Information

Child's Name: _____
First Last

Address: _____
Street City Zip

Home Phone: _____

(Moms) **Cell Phone:** _____ (Moms) **Work Phone:** _____

(Dads) **Cell Phone:** _____ (Dads) **Work Phone:** _____

Birth Date: _____ **Age:** _____ **Sex:** _____

Emergency Contacts :

1st Contact: _____
Name Phone Relationship to student

2nd Contact: _____
Name Phone Relationship to student

Doctor: _____

Clinic Address: _____

Hospital: _____

List Any Known Allergies to Food, Bee Stings, Etc: _____

List Any Other Health Problems or Concerns That We Should Know About:

List Any Medication Your Child Is Taking On A Regular Basis:

Parent/Guardian Signature: _____ **Date:** _____