



SAINT GABRIEL CATHOLIC SCHOOL  
4500 South Wallace Street; Chicago, IL 60609  
Office: 773.268.6636 FAX: 773.268.2501 [www.saintgabes.com](http://www.saintgabes.com)

**Saint Gabriel Catholic School 2022 - 2023**  
**STUDENT EMERGENCY DATA SHEET**

Students' Names:

Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/22: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/22: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/22: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/22: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/22: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	

**- OVER PLEASE -**

Mother's Name: _____	Cell# _____
Employer's Name/Address: _____	
Mother's Work# _____	Ext# _____
Mother's Email _____	

Father's Name: _____	Cell# _____
Employer's Name/Address: _____	
Father's Work# _____	Ext# _____
Father's Email _____	

*If school cannot contact parent(s), I authorize the following individuals to pick up my child from school.*

(1) \_\_\_\_\_

Relationship to Child	_____	Name	_____
Home#	_____	Cell#	_____
		Work#	_____

(2) \_\_\_\_\_

Relationship to Child	_____	Name	_____
Home#	_____	Cell#	_____
		Work#	_____

The above recommendation of the parent/guardian will be respected as far as possible. I understand that the final disposition of an emergency will be based on the judgment of the school authorities to ensure the welfare of the child. In case of an emergency I give authorization to Saint Gabriel Catholic School to call 911 and transport my child to the nearest appropriate hospital.

\_\_\_\_\_

The following individuals are NOT permitted to pick up my child(ren). A court order has been given to the school office to substantiate this directive:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

*I will immediately inform the school, in writing, anytime the above information changes.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_