

# Sacred Heart Catholic School SACC Information and Emergency Pick-Up Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Names:

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Child Resides With: \_\_\_\_\_

**Please list any individual who may pick up your child in the event of an emergency. Your child will not be allowed to be picked up by anyone who is not listed here.**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Contacts: Emergency contacts must be able to drive and pick up in case of emergency.**

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information:

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Allergies:

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