



**MOST PRECIOUS BLOOD SCHOOL**  
1529 Barthold Street  
Fort Wayne, Indiana 46808  
260-424-4832  
[www.preciousblood.org](http://www.preciousblood.org)

## **Emergency Information**

**Complete the Needed Information and Return... Please Print**

Student(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Student(s) Live With:  Mother  Father  Grandparents  Other

E-mail Address (to send school notices): \_\_\_\_\_

### **Parents/Guardians First and Last Names:**

Father (Guardian) \_\_\_\_\_ Mother (Guardian) \_\_\_\_\_

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

City, Zip Code \_\_\_\_\_ City, Zip Code \_\_\_\_\_

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

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

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

Name of Company \_\_\_\_\_ Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_ Address of Company \_\_\_\_\_

### **Please list two (2) people to contact if parents can not be reached:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Local Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If your child has any allergies or emotional, physical or psychological problems that the school should be aware of, please indicate below and list on the back of this form. Medicine, prescription or non-prescription, must be turned into the office and a current signed medication form must be on file or medication will not be given.

Not Applicable  Instructions/Information on Back