



Saint Francis of Assisi School

**850 Washington Street
Braintree, MA 02184**

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www.sfab.org

Emergency Contact Information Form

Child Information

Name of child: _____

Date of birth: _____ Grade level: _____

Parents/Guardians' Information

Parent/Guardian #1

Name: _____

Relationship _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Parent/Guardian #2 (optional)

Name: _____

Relationship _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency Contacts:

Please list three:

	NAME	RELATIONSHIP	PHONE#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Primary Physician: _____

Phone: _____

Dentist: _____

Phone: _____

MEDICAL AND BEHAVIOR FORM

Medical History: (optional)

Medications:

Allergies:

Please list any behaviors in which the staff should be aware of:

When your child is upset how does he/she react?

What is the best way to calm your child down when they are upset?

On the lines below please feel free to elaborate if there is anything else the staff should know in order to better meet your child's needs.
