



SAINT GABRIEL CATHOLIC SCHOOL
4500 South Wallace Street; Chicago, IL 60609
Office: 773.268.6636 FAX: 773.268.2501

www.stgabrielchicago.com

Saint Gabriel Catholic School 2024-2025
STUDENT EMERGENCY DATA SHEET

Students' Names:

Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/24: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/24: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/24: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/24: _____	Grade: _____
Family Doctor: _____	Tel# _____	
Medication: _____	Allergies: _____	
Last: _____	First: _____	
Date of Birth: ____/____/____	Age as of 09/01/24: _____	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 the 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 ____/____/____