St. Margaret's Episcopal School
31641 La Novia, San Juan Capistrano, California 92675
Phone (949) 661-0108

**Division: _____**
**Grade: _____**
**Name: _____**

# 2006-2007 Emergency Information

Student Full Legal Name:

Preferred Name: Gender: Birth Date: Home Phone:

Street Address: City: St: Zip:

Lives with: □ Father & Mother □ Father only □ Mother only □ Guardian/Other
□ Father & Stepmother □ Mother & Stepfather

Siblings at SMES: _____

Parent1:

Home Phone: Cell Phone: Business Phone:

Street Address: City: St: Zip:

Parent 2:
Home Phone: Cell Phone: Business Phone:

Street Address: City: St: Zip:

Local Emergency Contact 1: _____ Relationship: _____
last first middle

Home Phone: (____) _____ Cell Phone:(___) _____

Business Phone: (____) _____

Local Emergency Contact 2: _____ Relationship: _____
last first middle

Home Phone: (____) _____ Cell Phone:(___) _____

Business Phone: (____) _____

Out of State Contact 3: _____ Relationship: _____
last first middle

Home Phone: (____) _____ Cell Phone:(___) _____

Business Phone: (____) _____

Street Address: _____ City:_____ St:____ Zip:_____

**In the event of an emergency, my child may be released to any of the contact(s) checked below:**

Student may be released to: □ Parent 1 □ Parent 2 □ Contact 1 □ Contact 2 □ Contact 3

To Be Completed by Student Release Team:

Student Released To: _____ Relationship: _____
print name

Signature: _____

Reuniting Officer's Signature:_____ Date/Time Out: _____