



## Our Lady of Mount Carmel School

### EMERGENCY CONTACT INFORMATION

205 Oak Street, Boonton, New Jersey 07005

<http://olmc.academy>

Phone: (973)334-2777 Email: [school@olmcboon](mailto:school@olmcboon)

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School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies: \_\_\_ No \_\_\_ Yes Allergic to: \_\_\_\_\_

Asthma: \_\_\_ No \_\_\_ Yes. Does your child have an inhaler? \_\_\_ No \_\_\_ Yes

In the event that a parent cannot be contacted or notified in case of an emergency, please provide two alternative contacts:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Please list all persons, other than parents, who are authorized to pick up your child (if any):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent Signature \_\_\_\_\_