



Goshen Campus:
 77 Murray Avenue, Goshen, NY 10924
 Phone #: (845) 294-6434
 Email: sjsoffice@saintjohngoshen.org

Warwick Campus:
 75 Sanfordville Road, Warwick, NY 10990
 Phone #: (845) 986-3533
 Email: jlewis@ststephenstedward.org

EMERGENCY INFORMATION SHEET (2020-2021)

Dear Parents:

In order to keep up-to-date information on all students, please complete **ONE FORM PER FAMILY** and return it to the Main Office immediately. Be sure to inform the office of any changes during the school year. Please mark your campus – If you have a child(ren) at different School Campus – please complete two forms.

St. John School – Goshen Campus

St. John School - Warwick Campus

Student Information

Student Last Name	Student First Name	Student Grade	Date of Birth

Home Information:

Street Address, City, State & Zip Code:

Mailing Address:

Home Phone Number: (_____) _____ NOTE: Indicate if Unlisted? Yes No

Home School District _____

Mother/Guardian's Contact Information:

Complete Name: _____

Place of Employment: _____

Address of Employment: _____

Work Number: (_____) _____ Cell Number: (_____) _____

Email Address: _____

Father/Guardian's Contact Information:

Complete Name: _____

Place of Employment: _____

Address of Employment: _____

Work Number: (_____) _____ Cell Number: (_____) _____

Email Address: _____

Physician Information:

Doctor Name: _____

Medical Group/Name: _____

Office Phone Number: _____

Allergy Information - Please list any allergies that we may need to be aware of:

Any other Important information we should know (please include: Current Medication or Medical Conditions):

Emergency Names & Phone Numbers

The contacts listed below must be within 20-30 minutes from the campus your child is located on. These contacts agree to assume temporary care of your child if you are not available. Please make sure to include area code. At least 2 must be submitted.

Contact #1:

Name _____

Home Number: (_____) _____ Cell Number: (_____) _____

Contact #2:

Name _____

Home Number: (_____) _____ Cell Number: (_____) _____

Contact #3:

Name _____

Home Number: (_____) _____ Cell Number: (_____) _____

After School Arrangements:

Does your child go directly from school to a Sitter:

Sitter's Name: _____

Sitter's Phone #: _____