



Archdiocese of Baltimore
Our Lady of Hope/St. Luke School
Emergency Information

Student: _____

Address: _____

_____ **Date of Birth:** _____

Parent/Guardian: (Primary contact in the event of a school closing emergency)

Relationship: _____

First Name: _____ **Last Name:** _____

Telephone	Home, Cell, Work	OK to Text (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian: (to be called if primary contact cannot be reached)

Relationship: _____

First Name: _____ **Last Name:** _____

Telephone	Home, Cell, Work	OK to Text (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Emergency Contacts: (to whom the student can be released from school)

First Name	Last Name	Relationship	Telephone Number	Home, Cell, Work
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____