



MERION MERCY ACADEMY

Educating Young Women to Live Mercy and Seek Justice

Student/Family Change of Information Form

Please indicate which information is being updated by checking appropriate box(es).

Merion Mercy Academy Student Emergency Information

Student Name _____ **GR** _____
Last Name First

Primary Address _____ Primary Home Phone _____
City State Zip

Second Address _____ Second Home Phone _____
City State Zip
(If Applicable) **Circle one: Mother Father**

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

Physician's Name _____ Phone _____

Relative (not parent), friend, or neighbor who may be contacted if parent cannot be reached

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Your child will be taken to the nearest hospital if emergency treatment is necessary

Drug or Allergy _____ Medical Problem (past or current) _____

Name(s) of current medication(s): _____

Alert Now Info: Please let us know what phone numbers and emails should be contacted by the school's messaging system.

Please mark which should be Primary (P) and which Secondary (S) contact.

___ **Mother:** Home _____ Cell _____ Work _____
Email _____

___ **Father:** Home _____ Cell _____ Work _____
Email _____

Signature of Parent/Guardian _____ **Effective Date** _____