



**Family Crisis Notification 2021-22**  
FORM (B)

Please complete this form indicating whom you prefer to be notified in case of a **crisis or emergency**. **Please note:** only one contact will be notified. Since this would be in a **crisis/emergency situation only**, we will not be notifying by email. We will only notify both parents if the student(s) do not reside with both parents.

Please notify PSR Director immediately if this information should change.

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**Please print clearly and indicate (P) for primary contact**

**FAMILY** last name: \_\_\_\_\_

Student names: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Please indicate who will receive EMERGENCY communication with a (P)**

**Father's** full name: \_\_\_\_\_

**Father's** contact number: \_\_\_\_\_ please circle all that apply: TEXT VOICE

**Mother's** full name: \_\_\_\_\_

**Mother's** contact number: \_\_\_\_\_ please circle all that apply: TEXT VOICE

**Additional Authorized Person:** Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact number: \_\_\_\_\_ TEXT VOICE

**Physician's** Name: \_\_\_\_\_ Emergency number: \_\_\_\_\_

I authorize St. Monica's PSR to call the physician indicated above and to follow the physician's instructions. If unable to reach parents, authorized person, and physician, St. Monica may make the appropriate arrangements for the care of my child(ren).

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_