



Saints John and Paul School
280 Weaver Street
Larchmont, NY 10538

EMERGENCY/ IRIS FORM 2019-2020

Please include area codes and **PRINT CLEARLY.**

Family Name: _____

Child name(s) and /Grade(s):

1: _____ Grade: _____

2: _____ Grade: _____

3: _____ Grade: _____

4: _____ Grade: _____

Home Phone #: _____

Home Address: _____

Mother's Name: _____

Mother's Cell Phone #: _____

Mother's Office #: _____

Father's Name: _____

Father's Cell Phone #: _____

Father's Office #: _____

IRIS Data: (Immediate Response Information System)

The information below is for the emergency response/mass notification communication service. This information will be used for snow days, school closures, and other emergency situations.

This information will only be used by SJP for emergency notifications.

Phone 1 (____) _____ This is the number to contact you when there is an urgent and immediate need. This number is most likely a cell phone number.

Phone 2 (____) _____ This is a back up number when the need to contact you is not as urgent and immediate but still very important. This number is most likely a second cell phone or a work number.

Phone 3 (____) _____ This is for ordinary contact with your household - Your home number.

Email 1 _____ This is your preferred email address.

Email 2 _____ This is a second email address; it can be someone other than you.

In the event, the school is unable to reach either parent, please list an emergency contact:

Name: _____

Relationship to child: _____

Phone: _____ Phone: _____

Name: _____

Relationship to child: _____

Phone: _____ Phone: _____

Name of Children's Physician: _____

Phone: _____ Preferred Hospital: _____

Allergies: _____
