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

Emergency/ IRIS Form - 2021-2022

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:_____

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