



EMERGENCY INFORMATION

Section I: General Information

Grade: _____

Student Name Last _____ First _____ Middle _____

Student Date of Birth _____ Male Female

Student Lives with _____ Home Phone Number _____

Student Address (include city & zip) _____

If Catholic, Parish Affiliation _____

In case of illness or emergency, who should be contacted first _____

Email address _____

Mother/Guardian Information

Last Name _____ First _____

Home Address (include city & zip) _____

Place of Employment (include address) _____

Phone Numbers Home _____ Work _____ Cell _____

E-Mail address _____

Father/Guardian Information

Last Name _____ First _____

Home Address (include city & zip) _____

Place of Employment (include address) _____

Phone Numbers Home _____ Work _____ Cell _____

E-Mail address _____

Student lives with _____

(If your child is picked up after school by a day care center or a permanent babysitter, please indicate this information below)

Name of child care person/center _____

Address _____ Phone _____

Section II: Persons Authorized to Pick Up Child (Including Parents/Guardian)

(Under no circumstances will the child be released to anyone not known to the school without written authorization from the parents/legal guardian)

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Section III: Specific Persons NOT Authorized TO Pick Up Child

(Please include a copy of appropriate court order or legal documentations)

Last Name _____ First Name _____ Relationship _____

Last Name _____ First Name _____ Relationship _____

Last Name _____ First Name _____ Relationship _____

Section IV: Emergency Contact Persons

(Other than parents/guardians)

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Last Name _____ First Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Address (Include city & Zip) _____

Section V: Medical Information

Doctor's Name _____ Phone _____

Doctor's Address (Include city & Zip) _____

Allergies _____

Chronic Medical Condition(s) (e.g. diabetes, heart disease, contacts, hearing aids, asthma, epilepsy etc.) _____

Medication(s) Student is currently taking:

Is medication needed at School? _____ Yes _____ No Name of Medication _____

Hospital Preference Name _____ City _____

Medical Insurance Company _____ Policy _____

Dentist's Name _____ Phone _____

Dentist's Address (Include city & Zip) _____

Section VI: Medical Authorization

I give the school my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached the above emergency contacts can be called to pick up my child.

Signature _____ Date _____

Section VII: Student Records Update

(I understand that I must keep my child's records up to date with current information)

Signature _____ Date _____