

FAMILY NAME: _____

2009--2010
EMERGENCY INFORMATION FORM

Student's Name _____ Grade ____ Date of Birth: _____

Allergies or special medical notes: _____

Maintenance medications or treatments: _____

Student's Name _____ Grade ____ Date of Birth: _____

Allergies or special medical notes: _____

Maintenance medications or treatments: _____

Student's Name _____ Grade ____ Date of Birth: _____

Allergies or special medical notes: _____

Maintenance medications or treatments: _____

Student's Name _____ Grade ____ Date of Birth: _____

Allergies or special medical notes: _____

Maintenance medications or treatments: _____

Home Address: _____

Home Phone: _____ E-mail: _____

Mother's Name: _____ Cell: _____

Employer Name: _____ Phone: _____

Typical Work Days and Hours: _____ E-mail: _____

Father's Name: _____ Cell: _____

Employer Name: _____ Phone: _____

Typical Work Days and Hours: _____ E-mail: _____

Name(s) of Persons Authorized to pick up child(ren) on a daily basis (parents, carpools, etc.)

When parents cannot be reached, the following persons may be contacted to pick up child(ren) in the event of illness or emergency.

Name(s): _____ Phone: _____

Address: _____ Phone: _____

Relationship to Child: _____

Name(s): _____ Phone: _____

Address: _____ Phone: _____

Relationship to Child: _____

Preferred hospital for emergency care (if any): _____

Child/Children's physician's name: _____

Address: _____ Phone: _____

Child/Children's dentist's name: _____

Address: _____ Phone: _____

In the event of an accident or illness at school, immediate first aid and emergency treatment are available from the school health room or school office until either a parent or guardian is contacted and appropriate arrangements can be made for the child.

In the event of a serious illness or accident and/or if hospitalization is required, the school will call 9-1-1 and the parents. If the parents or the emergency contact person cannot be located, the child will be taken to the nearest hospital.

It is essential that the school be apprised in writing of changes in home, work, cell and emergency contact numbers.

Parents are required to notify the school of any serious chronic health problems, such as diabetes, epilepsy, etc., and/or maintenance medications or treatments, so that appropriate attention may be given to the student, and proper information may be provided to emergency medical personnel. **Continued full disclosure** of information is required.

I understand the above plan and policy of St. Mary's School, and authorize St. Mary's School to treat my child/children in accordance with the plan and policy.

Parent Signature

Date: _____