

EMERGENCY INFORMATION

Student's Name: _____
Last
First
MI

In case of an emergency, whom should the school try to contact first?

Name: _____ Phone: (____) _____

E-mail _____ Cell: (____) _____

If this person is not available, whom should the school try to contact next?

Name: _____ Phone: (____) _____

E-mail _____ Cell: (____) _____

If this person is not available, whom should the school try to contact next?

Name: _____ Phone: (____) _____

E-mail _____ Cell: (____) _____

If emergency treatment is required, and the parents or emergency contacts can not be reached immediately, may the school authorities use their own judgment in calling a physician and/or ambulance? Please sign the permission from at the end of this card.

Yes: _____ No: _____ If no, please indicate a plan for the school authorities to follow.

Physician to be Notified: _____ Phone: (____) _____

In the event school should have to be canceled during the course of a normal school day (as for inclement weather, etc.) each child must know where their parent(s) or guardian(s) expect them to go. Please discuss this with your child so the child is clear about the proper procedure in this circumstance.
 _____ Our child may proceed home as usual. No phone call is needed.

Our child may proceed to _____ and will contact us from there.
 The school must call _____ to verify arrangements.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

In case of a serious accident or illness, and I cannot be reached, I hereby authorize Doctor _____ to render emergency treatment, or, if she/he is unavailable, another physician.

Date: _____ Parent/Guardian Signature: _____

STUDENT INFORMATION CARD

Student's Name: _____
Last First MI

Home Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Birth date: _____ Baptism date & Place _____

Allergies or Medical Problems: _____

Father's Name: _____

Home Address: _____ Phone(____) _____

E-mail _____ Cell: (____) _____

City: _____ State: _____ Zip: _____

Business Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Home Address: _____ Phone: (____) _____

E-mail _____ Cell: (____) _____

City: _____ State: _____ Zip: _____

Business Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Guardian's Name: _____

Home Address: _____ Phone(____) _____

E-mail _____ Cell: (____) _____

City: _____ State: _____ Zip: _____