

EMERGENCY INFORMATION CARD

Allergies _____

Please Print

Class _____

Student's Name _____
Last First

Address _____ Zip _____ Home Phone _____

Where can parent/guardian be reached if not at home? Birth Date _____Mother/Guardian _____
*First Name Last Name Address Work/Cell Phone*Father/Guardian _____
*First Name Last Name Address Work/Cell Phone*Other Phone Numbers _____
*Home Cell Pager**List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.*

1. Name _____

Address _____ Telephone _____

2. Name _____

Address _____ Telephone _____

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EMERGENCY INFORMATION CARD

Student Name _____

Physician Name _____

Physician Phone Number _____

List All Medications Currently Taken: _____

Insurance Company Name _____ Policy Number _____

Insurance Company Phone Number _____

Hospital Preference?

I hereby give my consent to the Director of the Religious School, or person designated as such, to make available to my child professional emergency medical care if such is indicated. It is understood that a conscientious effort will be made to notify my spouse or me before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. However, in the event this is not possible, I give my permission for my child to receive proper medical care by any doctor, nurse, ambulance personnel, paramedic, or member of the medical staff of a hospital.

This is to certify that my child is in good physical health. S/he has my permission to participate in all activities (including field trips) that are part of the Religious School program.

Parent Signature _____ Date _____