

EMERGENCY FORM
2012-2013

FAMILY NAME _____

PARENT'S FULL NAME _____

ADDRESS _____ ZIP _____ PHONE _____
CELL _____

STUDENT _____	GRADE _____	AGE _____
STUDENT _____	GRADE _____	AGE _____
STUDENT _____	GRADE _____	AGE _____
STUDENT _____	GRADE _____	AGE _____

NON-CUSTODIAL PARENT NAME _____

ADDRESS _____ ZIP _____ PHONE _____

ALLERGIES/STUDENT _____
PHYSICAL LIMITATIONS/STUDENT _____
CHRONIC HEALTH PROBLEMS/STUDENT _____
MEDICATIONS/STUDENT _____

MOTHER'S PLACE OF EMPLOYMENT _____
WORK PHONE _____

FATHER'S PLACE OF EMPLOYMENT _____
WORK PHONE _____

CONTACT PERSON IF PARENTS CAN'T BE REACHED
NAME _____ PHONE _____

IN CASE OF NATURAL DISASTER (EARTHQUAKE, TORNADO) WHEN ACCESS TO THE AREA IS LIMITED, OR
WHEN YOUR CHILD BECOMES ILL, PLEASE LIST FOUR PERSONS WHO MAY TAKE YOUR CHILD FROM
SCHOOL. PLEASE INCLUDE AT LEAST TWO PEOPLE WHO ARE IN WALKING DISTANCE - PARISHIONER,
SCHOOL PARENT, ETC.)

NAME	PHONE	NAME	PHONE
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_____	_____	_____	_____
_____	_____	_____	_____

If my child(ren) become ill or is (are) injured and it is deemed necessary by the school administrator that
emergency treatment is necessary, I give my permission for EMS to transport my child(ren) to
_____ Hospital in the event I or the other parent cannot be reached.

Signature of Parent Date

If my child(ren) are transported to a hospital and it is deemed necessary by the attending physician that
medical treatment is necessary for a life-threatening condition, to reduce pain, or to prevent disability, I
give my permission for this treatment to be given.

Signature of Parent Date