OUR LADY OF SORROWS SCHOOL

STUDENT EMERGENCY INFORMATION

SCHOOL YEAR 2010-2011

An Emergency Information form MUST be filled out for EACH child. Please PRINT neatly.

Student Information

Last Name: ____________________________ First: ________________ DOB: _____________ Grade: ______

Street Address: ________________________________ City: ___________Zip: _______________ Teacher: ___________________

Gender: __________ Home Phone#:_______________________ SSN#:_____________________________

Parental/Guardian Information

Mother's Name: ______________________________ Work#:________________ Cell: ________________ Pager: ________________

Father's Name: ______________________________ Work#:________________ Cell: ________________ Pager: ________________

Emergency Contacts

In case of emergency in which the parents cannot be reached, please call

Last: _____________________________First:_____________________Relation:_____________Phone#:_________________

Last: _____________________________First:_____________________Relation:_____________Phone#:_________________

The following people may pick up my child from this school:

Last: _____________________________First:_____________________Relation:_____________Phone#:_________________

Last: _____________________________First:_____________________Relation:_____________Phone#:_________________

Last: _____________________________First:_____________________Relation:_____________Phone#:_________________

Health Information

1. List health conditions such as heart disease, diabetes, epilepsy, asthma, eye/ear problems, blood pressure abnormalities, severe food/drug allergies, etc. **A note from your child's physician is required for heart condition, diabetes, epilepsy/seizures, or asthma with use of inhaler.**

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2. Is there any need for medication or inhalers at school? If so, list medication to be taken or kept at school?

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3. Are there any special concerns or limitations regarding athletic participation for your child?

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Consent to Treat

I, the undersigned, do hereby authorize the officials of OUR LADY OF SORROWS SCHOOL to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold OUR LADY OF SORROWS SCHOOL financially responsible for the emergency care and/or transportation for said child.

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Please Print Parent Name

____ ____________________________
Parent Signature Date

Physician: ____ Physician Phone#:___________________

Street Address: ______________________________________ City: _________________ Zip: ______________

Local Hospital: ______________________________ Street Address: ______________________ City: _____________________

Insurance Company Name: ____ Policy No. _________________________