

St. Patrick School

Student Emergency Information

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

Address: _____ Home Phone: _____

Father/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

Mother/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

Please provide two phone numbers of people to be contacted in case of illness/emergency when a parent/guardian cannot be reached. These people need to be available to pick up your child from school if you cannot be reached.

Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Should the staff be aware of any medical problems, allergies, or restrictions? If yes, please explain. _____

(Please notify the school nurse if there are issues that you wish to keep confidential.)

Is the child on any medication at home or school? _____

Insurance Information

Insurance Plan: _____ Policy #: _____

Name of Policy Holder: _____

Physician's Name: _____ Phone Number: _____

In case of a medical emergency, I give permission for my son/daughter to be treated and transported by ambulance to the nearest hospital with a St. Patrick School staff member.

Parent/Guardian Signature: _____ Date: _____