

**STUDENT EMERGENCY FORM-HOLY FAMILY CATHOLIC SCHOOL**  
**2011-2012**

*Instructions: This form must be completed in full by the parent(s) or legal guardians. Return form to school.*

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Caucasian \_\_\_ African Amer \_\_\_ Hispanic/ Latino \_\_\_ Asian: \_\_\_ Multi: \_\_\_ Other: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Medications: \_\_\_\_\_ Medication in school office: yes /no \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Is there are court order restricting access to the student and / or students records? \_\_\_ Yes \_\_\_ No- If "yes" please provide the school with a certified copy.

**Parent or Legal Guardian Information:**

**Mothers / Legal Guardian Name:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Fathers / Legal Guardian Name:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Please list 2 emergency contacts who will assume responsibility if the parent(s) or legal guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_ Contact # \_\_\_\_\_

**In case of an accident or serious illness, the school will contact the parent or legal guardian. If the school is unable to contact to the parent, legal guardian or person designated above the school will contact the physician or will make the necessary arrangements for immediate treatment. Payment of fees will be assumed by the parent or legal guardian. I/ we have reviewed and understand the conditions of the Student Emergency Form.**

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_