

FAMILY EMERGENCY FORM

Family Name _____ Home Phone _____ Father's Bus. Phone: _____

Mother's Maiden Name _____ Emergency Cell Phone: _____

Health Insurance Co. _____ Policy # _____

SPECIAL NEEDS: Please indicate any specific circumstances, learning disabilities, or medical disabilities your child may have, so that his/her teacher may better accommodate him/her.

Child's Name: _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

1. Child's Name: _____ Grade (as of Sept. 2011) _____

Physician: _____
Name Address Phone

Dentist: _____
Name Address Phone

Known Sensitivity to Drugs _____

Allergies: Bee Stings _____ Medication _____ Food _____

Other Disorders: Asthma _____ Seizure Disorder _____ Diabetes _____ Latex Allergy _____

Other _____

2. Child's Name: _____ Grade (as of Sept. 2011) _____

Physician: _____
Name Address Phone

Dentist: _____
Name Address Phone

Known Sensitivity to Drugs _____

Allergies: Bee Stings _____ Medication _____ Food _____

Other Disorders: Asthma _____ Seizure Disorder _____ Diabetes _____ Latex Allergy _____

Other _____

I hereby give my permission to the Religious Education Office Staff to enlist emergency care for my child if an accident or illness occurs and I cannot be reached.

DATE _____ PARENT SIGNATURE _____

(Please list additional children on reverse side of this form.)

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3. Child's Name _____ Grade (as of Sept. 2011) _____

Physician: _____
Name Address Phone

Dentist: _____
Name Address Phone

Known Sensitivity to Drugs _____
Allergies: Bee Stings _____ Medication _____ Food _____
Other Disorders: Asthma _____ Seizure Disorder _____ Diabetes _____ Latex Allergy _____
Other _____

4. Child's Name _____ Grade (as of Sept. 2011) _____

Physician: _____
Name Address Phone

Dentist: _____
Name Address Phone

Known Sensitivity to Drugs _____
Allergies: Bee Stings _____ Medication _____ Food _____
Other Disorders: Asthma _____ Seizure Disorder _____ Diabetes _____ Latex Allergy _____
Other _____

5. Child's Name _____ Grade (as of Sept. 2011) _____

Physician: _____
Name Address Phone

Dentist: _____
Name Address Phone

Known Sensitivity to Drugs _____
Allergies: Bee Stings _____ Medication _____ Food _____
Other Disorders: Asthma _____ Seizure Disorder _____ Diabetes _____ Latex Allergy _____
Other _____

I hereby give my permission to the Religious Education Office Staff to enlist emergency care for my child if an accident or illness occurs and I cannot be reached.

Date _____ Parent Signature _____