DIOCESE OF ALLENTOWN
Emergency Information 2020-2021

1. **FAMILY INFORMATION**

Student Name:____ Grade:__________

Address:____City:________________________ State:______ Zip Code:____________

Home Tel: (______)______________________ Home E-mail Address:_______________________________________

Student Date of Birth:__________________ Birthplace:______________________________

Public School District:_________________________ Bus Rider _____ Walker_____ Car Rider_____

2. **PARENT/GUARDIAN INFORMATION**

Student lives with: Parents_______ Mother_______ Father______ Other______________________________

Father's/Guardian's Name:__________________________________ Home Tel. __________________ Cell # ____________________

Employer:______________________________ Work Tel. #_____________________________ (extension)________________

E-mail:_________________________________ Pager #_________________________________

Mother's/Guardian's Name:_________________________________Home Tel.___________________Cell #_____________________

Employer:______________________________Work Tel. #______________________________(extension)________________

E-mail:_________________________________Pager #_________________________________

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the court order.

3. **CHILD CARE PROVIDER INFORMATION** (**Those designated below are authorized to pick up my child from school in an emergency**)

Child Care Provider's Name:________________________________ Relationship to Child:______________________________

Home Tel. #:_____________________ Cell #:_____________________Pager:_______________E-mail:______________________________

4. **LOCAL CONTACT INFORMATION**

a. Local Contact's Name:_____________________________ Relationship to Child:_______________________

Home Tel. #____________________Cell Tel. #_________________ Work Tel. #___________________E-mail:______________________

b. Local Contact's Name:_____________________________ Relationship to Child:_______________________

Home Tel. #____________________Cell Tel. #_________________ Work Tel. #___________________E-mail:______________________

In a medical emergency, I/we hereby authorize the school to seek emergency medical assistance for our child if we can not be reached.

____ ____ ______________________

Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. IMPORTANT: Please update your school immediately if any information changes.

STUDENT HEALTH INFORMATION

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name:___________________________ Tel. #_____________________________

Hospital Preference:______________________________ Hospital second choice:__________________________________

Dentist's Name:___________________________Tel. #_____________________________

Insurance Company:___________________________________Policy #____________________ Group #___________________

Student's Name:_____________________________________ Date of Birth:__________________

Grade:___________ Teacher:____________________________

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES	NO	
___	___	ADD/ADHD____
___	___	Asthma____
___	___	Diabetes____
___	___	Food or Drug Allergy____
___	___	Bee Sting Alergy____
___	___	Seizure Disorder____
___	___	Condition limiting Physical Education____
___	___	Migraine Headaches (need doctor's note)____
___	___	Other chronic or recurrent conditions____
___	___	Glasses/contacts (please circle one & indicate when to be worn)____
___	___	Presently taking medications:

Names of medication	Reason for taking
________________________________	____________________________
________________________________	____________________________
________________________________	____________________________

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give permission to the attending physician for any necessary emergency medical treatment.

_____________________________________	______________________________________	_____________________
Parent/Guardian Signature	Parent/Guardian Signature	Date
_____________________________________	_______________________________________	_____________________
Please print name of Parent/Guardian	Please print name of Parent/Guardian	Date

Please list siblings and grades: _________________________________ Grade__________

_________________________________ Grade__________

_________________________________ Grade__________

_________________________________ Grade__________