

St. Therese School
EMERGENCY INFORMATION FOR 2017-2018

Dear Parents,

Kindly fill in the following information for your children. This form will be kept on file in the school office. Please list only relatives or neighbors who are willing to pick up your child in case of illness or accident or are willing to take responsibility for your child in the rare instances of unscheduled dismissals. Please be sure that these neighbors or relatives are aware of their responsibility.

Student's Name _____ Grade _____ Date of Birth ____/____/____

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Student's Name _____ Grade _____ Date of Birth ____/____/____

Student's Name _____ Grade _____ Date of Birth ____/____/____

Address _____

Home Telephone Number _____

Mother's Name _____ Occupation _____

Mother's Business Phone Number _____ Cell Number _____

Father's Name _____ Occupation _____

Father's Business Phone Number _____ Cell Number _____

Who should be called first in case of illness or emergency? _____

E-mail address(s) for important notices _____

Secondary contact to be called if neither parent can be reached:

1. Name _____ Telephone Number _____

2. Name _____ Telephone Number _____

Physician: Name _____ Telephone Number _____

Dentist: Name _____ Telephone Number _____

Allergies: _____

Medications: _____

Chronic Illness: _____

Date of Last Tetanus Booster: _____

Reaction to Bee Stings? Yes _____ No _____

Asthma? Yes _____ No _____

Operations/Surgical Procedures: _____

Additional information you feel is pertinent: _____

AFTER CARE:

First Aid: In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Emergency Care: In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for child.

Health Record Transfer: In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

I hereby release St. Therese School and staff from any and all injuries that may be incurred while my child/children are attending the after school care program.

Parent Signature: _____ Date: _____