

# DIOCESE OF ALLENTOWN

## Emergency Information 2021 - 2022

SCHOOL \_\_\_\_\_

### 1. FAMILY INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone #(\_\_\_\_) \_\_\_\_\_ Home E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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. # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home Tel. # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal 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 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. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

### 4. LOCAL CONTACT INFORMATION

1. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_

Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

### 5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Second Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

**In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot 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**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ / \_\_\_\_\_ Home Tel.#(\_\_\_\_) \_\_\_\_\_

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 Allergy \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Seizure Disorder \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Condition Limiting Physical Education \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Migraine Headaches \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Other Chronic or Recurrent Conditions \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Glasses/Contacts (Please Circle) (When to be Worn) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Presently Taking Medications

Names of Medication

Reasons for Taking Medication

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name of Parent/Guardian Signature

\_\_\_\_\_  
Date

Please List Siblings and Grades:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_