

St. Bernadette School

Student Emergency Information 2010/2011

Student Name _____ Grade: _____

() Female () Male Date of Birth: _____ Student Cell Phone # _____

Address, City, State, Zip _____

Students Lives with: _____ Parent Marital Status: _____

In Case of Emergency Parent/Guardian Will Be Contacted First

(Father) _____ (Mother) _____

Home Phone # _____ Home Phone # _____

Father's Cell Phone# _____ Mother's Cell Phone# _____

Father's Employer: _____ Mother's Employer: _____

Employer Address: _____ Employer Address: _____

Work Phone # _____ Work Phone # _____

Medical Alert

Please list any existing health problems, allergies, concerns: _____

Family Physician _____ Physician's Phone _____

Emergency Contacts

If parent / guardian cannot be reached

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Medical Authorization

Please accept this form as my authorization to render minor first aid/emergency transportation for the above said student for any illness that may be sustained during the school day and while participating in school related activities. I understand that emergency transport to the closest hospital will be provided via the Evergreen Park paramedics.

Parent Signature: _____ Date _____