

School Year _____

ST. BRIDGET SCHOOL STUDENT EMERGENCY INFORMATION

Grade

Student's Name: Last, First, M.I.

M/F

Date of Birth

Student's Address: No., Street and Apt. No., Town, Zip

Home Phone

Mother's e-mail address

Father's e-mail address

(Please use current e-mail address to receive notifications and updates including early dismissal)

Student Lives With:

Mother's Name

Address

Work Place Hours

Work Phone

Cell Phone

Father's Name

Address

Work Place Hours

Work Phone

Cell Phone

Does student go to a location other than home after school?

Yes

No

If yes, please list care provider and phone number:

Name/Agency

Address

Phone

How does child arrive to after school location?

Walk

Car

Bus

List families that your student will regularly carpool and/or permission to go home with:

Name and Address

Phone

Relationship

Name and Address

Phone

Relationship

Name and Address

Phone

Relationship

List two relatives or friends who are available during the day who will assume temporary care of your child if you cannot be reached. A sick child cannot remain in school. Parents must arrange with employers for the possibility of an emergency absence when a child is ill.

This section must be completed.

Name and Address

Phone

Relationship

Name and Address

Phone

Relationship

(Please complete and sign the reverse side of this form)

ST. BRIDGET SCHOOL STUDENT EMERGENCY HEALTH INFORMATION

Please check “Yes” if your child has allergies to any of the following:

_____ Insects _____ Animals (dander) _____ Foods _____ Drugs _____ Other

If you checked “Yes” to any of the above, please explain:

Has your M.D. prescribed Adrenalin (Epipen, Anakit)? _____ Yes _____ No

Medications taken on a daily basis at home or school: _____

Health concerns which might limit or prohibit your child from participating in after school activities such as sports, etc.: _____

Does your child wear contact lenses? _____ Yes _____ No

Child’s Current Physician: _____

Name

Phone

Child’s Current Dentist: _____

Name

Phone

Choice of Hospital to be used if medically expedient: _____

In the event of severe allergic reaction with life-threatening symptoms such as breathing difficulties, wheezing and other signs of impending anaphylactic shock, I give permission to the school nurse or designated St. Bridget School personnel (teacher) to administer Adrenalin, Benadryl or other necessary medications as indicated by doctor on the Permission to Give Medication Form in accordance with the guidelines set forth by the school medical advisor.

I understand that in the event of an accident or serious illness, the school will try to contact me. If the school is unable to contact me, I authorized the school to contact the physician named and to follow his/her instructions. If the physician cannot be reached and my child requires medical attention and/or transportation to another location for treatment, I give the school permission to make the arrangements deemed necessary to secure treatment.

I understand that it is my responsibility to report to the principal and the school nurse any and all medical conditions that may affect the well being of this student. I hereby certify that I have read and understand the above stated procedures and duly authorize the administration of the school and/or the school nurse to secure medical treatment and/or to transport my child when they deem necessary.

Parent’s Signature

Date