

# HOLY FAMILY SCHOOL

EMERGENCY INFORMATION & HEALTH CARD 2009-2010  
THIS INFORMATION WILL BE KEPT ON FILE IN THE HEALTH & EDP OFFICES

Child's Last Name: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town Zip Code

**Cell # for Emergencies:** (this number will be used if no response at home) \_\_\_\_\_

Mother's Business  
Address: \_\_\_\_\_ Bus. Phone#: \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Father's Business  
Address: \_\_\_\_\_ Bus. Phone#: \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Do you authorize the nurse, in case of severe emergency, to send your child/children to the hospital of your choice?

No

Yes Specify Hospital: \_\_\_\_\_

List 2 neighbors or nearby relatives who will care for your child if you can not be reached:

**(MUST BE COMPLETED)**

1) \_\_\_\_\_ Telephone #: \_\_\_\_\_

2) \_\_\_\_\_ Telephone #: \_\_\_\_\_

	Grade	Child's First Name	Birth Date 00/00/00	Wear Glasses (y/n)	Chronic Illnesses	List Allergies /Medication If Any
1						
2						
3						
4						

Other Concerns: \_\_\_\_\_

## **TYLENOL WILL NOT BE GIVEN DURING SCHOOL, WITHOUT A DOCTOR'S NOTE.**

I, the undersigned, do hereby authorize officials of Holy Family School to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child/children.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child/children.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child/children.

\_\_\_\_\_  
Signature of Parent or Guardian