

# St. Edward Catholic Preparatory Academy

## STUDENT EMERGENCY INFORMATION

CITY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ FAMILY NAME \_\_\_\_\_

On occasions we have found it difficult to contact parents or guardians in case of emergency. Will you please help us by completing the information below:

Only ONE EMERGENCY FORM per family unit is necessary

FULL NAME OF CHILD	SEX	BIRTH DATE	SPECIAL HEALTH CONDITION (describe condition/Any medication prescribed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZP: \_\_\_\_\_ Home Ph#: \_\_\_\_\_  
Cell Ph # \_\_\_\_\_

<u>NAME OF FEMALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>
_____	_____	_____

<u>NAME OF MALE PARENT/GUARDIAN</u>	<u>PLACE OF EMPLOYMENT</u>	<u>PHONE</u>
_____	_____	_____

If divorced name of legal custodial parent: \_\_\_\_\_

Do you have joint custody? (Y/N)

If custodial parent cannot be reached, may school contact non-custodial parent? (Y/N) \_\_\_\_\_

RESPONSIBLE ADULT (s) who have agreed to assume responsibility for child if parent/guardian cannot be reached.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

RELATIONSHIP: \_\_\_\_\_

PHYSICIAN OF CHOICE	ADDRESS	PHONE
_____	_____	_____

HOSPITAL OF CHOICE	ADDRESS	PHONE
_____	_____	_____

If you or responsible adult and physician of choice as indicated above. Cannot be reached in an emergency and. if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible school authorities to send your child (properly accompanied) to an available hospital c physician? \_\_\_\_\_ Yes \_\_\_\_\_ No

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_