

CATHOLIC SCHOOL SYSTEM
STUDENT EMERGENCY CARE FORM, School Year: _____
DIOCESE OF FORT WORTH

Student's Last Name _____ First _____ MI _____ Date of Birth _____ Age _____ Sex _____ Grade _____

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____ Address _____ City _____ Zip _____

Phone: Hm _____ Bus _____ Cell _____ Phone: Hm _____ Bus _____ Cell _____

E-mail _____ E-mail _____

Name of Business _____ Name of Business _____

Person(s) To Call In Emergency When Parents Cannot Be Reached / and who may pick up the child from school

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Family Physician _____ City _____ Phone: _____

Choice of Hospital _____ Insurance Co. _____

Has child any drug/food/environmental/etc. allergies: _____

Any additional medical information: _____

List daily medications: _____ Date of latest TD _____

If any emergency arises, the school will try to contact the student's mother or father. If neither Parent can be reached, I give permission to Dr. _____ to be wholly responsible for the care of my child. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian _____ Date _____

6/18