

Archdiocese of Portland
St. Patrick Catholic Church
Student/Youth Emergency Information Procedure Form
2020—2021

Youth Last Name _____
Youth First Name _____
Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____
School Attending _____ Grade Level _____
Parent(s)/Guardian(s) _____
Person with whom youth is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish to take.)

No. _____ Contact _____ Day Phone _____ Other Phone _____
No. _____ Contact _____ Day Phone _____ Other Phone _____
No. _____ Contact _____ Day Phone _____ Other Phone _____
No. _____ Take Youth to Nearest Emergency Hospital _____

Medical History/Information

Date of Birth _____
Last Tetanus immunization or booster date _____
Allergies (food, drugs, insects, etc.) _____
Current medication (state name, dosage, reason, time, and physician) _____
Please indicate any disabilities _____
Name of Medical Insurance Co. _____
Family Physician _____ Phone _____
Group or ID Number _____

**Do you give permission to St. Patrick to take photos and/or videos of your child listed above?
Posted photos will not list identifying information about your child.**

- Yes
 No (Please email a photo of the child to jpatershall@canby.com, haguilar@canby.com or fparker@canby.com to ensure he/she is omitted).

I authorize the Archdiocese of Portland and its representative to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____

Date _____