

**ARCHDIOCESE OF PORTLAND**  
**Student/Youth Emergency Information and Procedure Form**

**Family Name:** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Last Tetanus immunization or booster date** \_\_\_\_\_ **Allergies (food, drugs, insects, etc.)** \_\_\_\_\_

**Is child presently on any medications?**  Yes  No **If so, state name, dosage, reason for drug and prescription physician.**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Last Tetanus immunization or booster date** \_\_\_\_\_ **Allergies (food, drugs, insects, etc.)** \_\_\_\_\_

**Is child presently on any medications?**  Yes  No **If so, state name, dosage, reason for drug and prescription physician.**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Last Tetanus immunization or booster date** \_\_\_\_\_ **Allergies (food, drugs, insects, etc.)** \_\_\_\_\_

**Is child presently on any medications?**  Yes  No **If so, state name, dosage, reason for drug and prescription physician.**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School Attending** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Parent(s)/Guardian(s)** \_\_\_\_\_

**Person with whom student(s) 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 us to take).*

**Contact** \_\_\_\_\_, **Day Phone #** \_\_\_\_\_ **Other Phone #** \_\_\_\_\_

**Contact** \_\_\_\_\_, **Day Phone #** \_\_\_\_\_ **Other Phone #** \_\_\_\_\_

**If Above Cannot Be Located, Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact Family Physician (if possible)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Take Student to Nearest Emergency Hospital** \_\_\_\_\_

**Other** \_\_\_\_\_

*Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child(ren) or which may require special attention*

**Name of Medical Insurance Company** \_\_\_\_\_

**Group or I.D. Number** \_\_\_\_\_

**I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child(ren). 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** \_\_\_\_\_

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE