

Holy Cross Catholic School  
**Student Emergency Information**

*In the case of an emergency involving your child, please help us contact you promptly by completing the information below.*

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

**Student Name:** \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_

Any special Health Conditions for this child *(Please include any allergies, concerns, regular medications, etc. \*)*:  
\_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_

Any special Health Conditions for this child *(Please include any allergies, concerns, regular medications, etc. \*)*:  
\_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_

Any special Health Conditions for this child *(Please include any allergies, concerns, regular medications, etc. \*)*:  
\_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_

Any special Health Conditions for this child *(Please include any allergies, concerns, regular medications, etc. \*)*:  
\_\_\_\_\_  
\_\_\_\_\_

*\* Please add additional children and health detail on the back of this form. Thank you!*

**Who would you like us to contact first in the event of illness or emergency?**

Parent/Guardian Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone number(s) at which First Contact may be reached:

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

***If the above-mentioned First Contact cannot be reached, please provide a second emergency contact person:***

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone number at which Second Contact may be reached:

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**RESPONSIBLE ADULT(s)** who have agreed to assume responsibility for your child(ren) if parent/guardian cannot be reached. These should be local and have the ability to transport the student:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE</u>

<u>PHYSICIAN OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>

<u>HOSPITAL OF CHOICE</u>	<u>ADDRESS</u>	<u>PHONE</u>

If you or responsible adult, as indicated above, cannot be reached in an emergency and, in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you **AUTHORIZE** responsible authorities to send your child (properly accompanied) to an available hospital or physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_