

**St. Therese School**  
**EMERGENCY INFORMATION FOR 2019-2020**

Dear Parents,

Kindly fill in the following information for your children. This form will be kept on file in the school office. Please list only relatives or neighbors who are willing to pick up your child in case of illness or accident or are willing to take responsibility for your child in the rare instances of unscheduled dismissals. Please be sure that these neighbors or relatives are aware of their responsibility.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Business Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Business Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Who should be called first in case of illness or emergency? \_\_\_\_\_

E-mail address(s) for important notices \_\_\_\_\_

Secondary contact to be called if neither parent can be reached:

1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dentist: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Reaction to Bee Stings? Yes \_\_\_\_\_ No \_\_\_\_\_

Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Operations/Surgical Procedures: \_\_\_\_\_

Additional information you feel is pertinent: \_\_\_\_\_

**AFTER CARE:**

**First Aid:** In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

**Emergency Care:** In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for child.

**Health Record Transfer:** In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

I hereby release St. Therese School and staff from any and all injuries that may be incurred while my child/children are attending the after school care program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_