

2020-2021 St. Bartholomew School Medical Emergency Card for School and Field Trips

Student: Last _____ First _____ Grade _____ Date of birth _____ Home phone number _____

Address: _____ City: _____ State: _____ Zip: _____

Father / Guardian Name _____ Work phone number _____ Cell phone number _____

Address (if different from child): _____

Mother / Guardian Name _____ Work phone number _____ Cell phone number _____

Address (if different from child): _____

Main Email address: Mother: _____ Father: _____

Any known medical condition (i.e. diabetes, asthma, seizures, migraines) _____

Allergies (i.e. bee stings, food, medications) _____

Do we have your permission to administer Benadryl in the event that he/she is stung by a bee or other insect? ____ Yes ____ no

Do we have your permission to administer Tylenol/Advil for headaches, cramps, orthodontic pain, etc.? ____ Yes ____ no
(generics may be given and medications are used sparingly)

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Emergency Contact Information other than Parents or Guardian:

1. _____
Name _____ Home/Work/Cell Number _____ Relationship _____
2. _____
Name _____ Home/Work/Cell Number _____ Relationship _____
3. _____
Name _____ Home/Work/Cell Number _____ Relationship _____

I hereby give my permission for the school to obtain needed medical services and transport to the nearest hospital in case the named student suffers illness or accident and the parent cannot be contacted. If my child becomes ill during a field trip and is unable to remain, I understand that I will be required to pick him/her up at the location of the field trip.

Parent Signature _____ Date _____