

**STUDENT EMERGENCY INFORMATION CARD**

20\_\_ 20\_\_

STUDENT NAME: \_\_\_\_\_ (Last) (First) (MI) (Date of Birth) (Age) (Sex) (Grade)

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City/State) Zip Address: \_\_\_\_\_ (Street) (City/State) (Zip)

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED**

Contact Name	Telephone #'s			Email Address	Relationship
_____	(Home)	(Work)	(Cell)	_____	_____
_____	(Home)	(Work)	(Cell)	_____	_____
_____	(Home)	(Work)	(Cell)	_____	_____

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_ OFFICE #: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ OFFICE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ GROUP POLICY #: \_\_\_\_\_

ALLERGIES (drugs, food, environmental): \_\_\_\_\_

MEDICAL CONDITIONS (ex. diabetes): \_\_\_\_\_

MEDICATION TAKEN DAILY OR AS NEEDED (name, dosage & frequency): \_\_\_\_\_

DAILY MONITORING REQUIRED (glucose monitoring)

I, \_\_\_\_\_, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, \_\_\_\_\_ School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Signature of Parent/Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_