

**DIOCESE OF ALLENTOWN**  
Emergency Information 20 13 - 20 14

**School** \_\_\_\_\_

**1. FAMILY INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone #(\_\_\_\_) \_\_\_\_\_ Home E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Public School District \_\_\_\_\_  Bus Rider  Walker  Car Rider

**2. PARENT/GUARDIAN INFORMATION**

Student lives with:  Parents  Mother  Father  Other \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Tel. # (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Home Tel. # (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.**

**3. CHILD CARE PROVIDER INFORMATION**

Those designated below are authorized to pick up my child from school in an emergency:

Child Care Provider's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. LOCAL CONTACT INFORMATION**

1. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_  
2. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**5. MEDICAL/PHYSICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Second Choice \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

**In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.**

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please keep a copy of this form for your records. IMPORTANT: Please update your school immediately if any information changes.**

**STUDENT HEALTH INFORMATION**

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

Grade/Teacher \_\_\_\_\_ / \_\_\_\_\_ Home Tel.#(\_\_\_\_) \_\_\_\_\_

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES	NO	
_____	_____	ADD/ADHD _____
_____	_____	Asthma _____
_____	_____	Diabetes _____
_____	_____	Food or Drug Allergy _____
_____	_____	Bee Sting Allergy _____
_____	_____	Seizure Disorder _____
_____	_____	Condition Limiting Physical Education _____
_____	_____	Migraine Headaches _____
_____	_____	Other Chronic or Recurrent Conditions _____
_____	_____	Glasses/Contacts (Please Circle) (When to be Worn) _____

\_\_\_\_\_ Presently Taking Medications

Names of Medication	Reasons for Taking Medication
_____	_____
_____	_____
_____	_____

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Date
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_____ Please Print Name of Parent/Guardian Signature	_____ Please Print Name of Parent/Guardian Signature	_____ Date
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Please List Siblings and Grades:

_____	_____
_____	_____
_____	_____