

St. Teresa of Avila Parish

EMERGENCY INFORMATION

2009-2010

(One Form Per Child)

Name of Student _____ RE Class _____

Home Address _____
LAST NAME FIRST NAME M.I. City Zip code

Home Phone # _____ Student's Date of Birth _____
MONTH / DAY / YEAR

1. Student's Mother, Father or Legal Guardian

Mother's/Guardian's Name _____ Daytime Phone # _____ Cell # _____

Father's/Guardian's Name _____ Daytime Phone # _____ Cell # _____

2. If I cannot be reached at the above address, you have my permission to contact either of the following persons:

Name _____ Daytime Phone # _____ Cell # _____ Relationship _____

Name _____ Daytime Phone # _____ Cell # _____ Relationship _____

Name of Family Physician _____ Phone # _____

Insurance/Health Plan Carrier _____ Policy # _____ Date of last Tetanus shot _____

Please list any allergies _____

Currently taking medication? No Yes If Yes, medication name _____

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

In the event of serious emergency, and none of the persons listed on this form can be contacted, I authorize RE (Parish School of Religion) officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I hereby agree to bear all cost incurred as a result of the foregoing:

Signature of parent or guardian _____ Date _____

I do not choose to sign the above statement. In the event of an accident or emergency please do the following:

Signature of parent or guardian _____ Date _____

In the event of a major disaster, all students will remain at school until released to a parent or **other authorized person**. I fully understand that students are to abide by all rules and regulations governing conduct and safety.

Parent Initial _____