



## Emergency Card

### Student Information

Student Name	Grade
Address	Zip
Home Telephone Number	Date of Birth
Religion	Parish

### Family Information

Mother's Name	Phone
Email Address	
Father's Name	Phone
Email Address	
Other Guardian	Phone

### Authorized Escorts

*My child may be released into the custody of the following persons:*

Name/Relationship	Phone
Name/Relationship	Phone
Name/Relationship	Phone

*My child may NOT be released into the custody of the following person(s). Please note: We are unable to refuse any legal guardian the right to pick up their child without a proper court order.*

Name/Relationship
Name/Relationship



# Emergency Medical Authorization (Part I or II must be completed)

## Part 1: To Grant Consent

Physician	Phone Number
Dentist	Phone Number
Medical Specialist	Phone Number
Local Hospital	Phone Number

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist or (2) the transfer of my child to any hospital reasonably accessible.

The authorization does not cover major surgery unless the medical opinions of the two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted (if no medical history or allergies you must write "NONE"):

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

\*If a child suffers from a food allergy, it is the parent's responsibility to check the school menu and provide an alternative meal if the meal being served could cause an allergic reaction.

## Part 2: Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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