

SAINT JAMES SCHOOL EMERGENCY FORM

Name (last) _____ (first) _____ **Male** **Female**

Home Address _____ Birth Date _____

Home Phone _____ Grade _____ Homeroom # _____

Mother/Guardian Full Name _____ Work Phone _____

E-mail _____ Cell Phone _____

Father/Guardian Full Name _____ Work Phone _____

E-mail _____ Cell Phone _____

Local person to call in an Emergency (Please list in order)

1. Name _____ Home Phone _____
(Relationship) _____ Cell Phone _____

2. Name _____ Home Phone _____
(Relationship) _____ Cell Phone _____

Physician _____ Phone # _____

Health Information

Allergies: _____

Emergency medications kept at school: Antihistamine Epinephrine Inhaler

Asthma Yes No May self administer inhaler Inhaler stays in Health Office Inhaler not needed at school

Seizure Disorder (describe) _____

Diabetes (pump / injections) _____

Heart Condition (restrictions) _____

Orthopedic Problems (describe / restrictions) _____

Stomach Problems (describe) _____

Bladder/Bowel Problems (describe) _____

Vision Problems: _____ **Glasses:** **Contacts:**

Hearing Problems: _____ **Hearing Aides:** Right Left

ADD / ADHD (medications) _____

Daily Medications: _____

Emergency Consent: If the parents/guardians cannot be contacted in case of serious injury/illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or a medical center. As a parent/guardian, I do herewith authorize the treatment of a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature _____ Date _____