

EMERGENCY CARD

Student Name (Last) (First) (M.I.) Parish

Street Address City State Zip Code Phone

Father's Name Mother's Name:

Place of Work: Place of Work:

Address of Work: Address of Work:

Occupation: Occupation:

Business Phone: Business Phone:

Cellular Number: Cellular Number:

Please list any allergies, allergies to medication, current medication, or any special health concerns.

If Parents cannot be reached, please contact:

Name and Relationship (Sister, Neighbor, etc.) Phone Number

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Please list children in this school according to grade, oldest first.

NAME	GRADE	NAME	GRADE
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

I/We understand that the school does not assume responsibility for payment of a physician in any case.

If our physician cannot be reached, a physician selected by Our Lady of Perpetual Help School may treat my child.

Physician: _____ Phone Number _____

Address: _____

Insurance Company _____ Policy Number _____

Name of Subscriber _____

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date