

# FOURTEEN HOLY HELPERS EMERGENCY CARD

Date: \_\_\_\_\_/School Year \_\_\_\_\_ Student's Name \_\_\_\_\_  
 Last First Middle  
 Grade: \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Bus No. To School \_\_\_\_\_ to Home \_\_\_\_\_ Home Phone \_\_\_\_\_

*To parent or guardian: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls:*

	Name	Place of Employment	Daytime telephone	Cell Phone	Pager
Mother					
Father					
Step-parent					
Guardian					

**CHILD LIVES WITH:** (Please Circle all that Apply) *Mother      Father      Step-mother      Step-father      Guardian      Other*

**Status of Parents:** (Please Check Appropriate Space/s Below)      *List Date-Separated/Divorced/Death \_\_\_\_\_*  
 ( ) Married      ( ) Separated      ( ) Divorced      ( ) Mother Remarried      ( ) Father Remarried      ( ) Mother Deceased      ( ) Father Deceased

*Legal Custodial Restrictions:* ( ) No      ( ) Yes \_\_\_\_\_ *Copy of Legal Document Must be provided*

**Alternate Site for Emergency School closing (within walking distance of bus stop):**

**Name:** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
 Or

**Extended Day Program**

**Name and Birthdates of Brothers & Sisters under 18 years of age:**

Name	Birthdate

*List of two neighbors or NEARBY adults who will assume temporary care of your child if you cannot be reached:*

Name	Name
Address	Address
Telephone	Telephone
Relationship	Relationship

	Yes	No		Yes	No		Yes	No
Heart Disease			Severe Allergies			Chronic Conditions		
Diabetes			Eye/Ear Problems			Emotional/Behavior Conditions		
Epilepsy Seizure			Asthma			Other Medications		

**If you answer yes to any of the above please explain:**

**Primary Care Doctor** \_\_\_\_\_ **Dentist** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Group #** \_\_\_\_\_

**"I hereby give my permission for my child to be transported to \_\_\_\_\_ Hospital or to the medical facility deemed most appropriate by medical personal."**

I, the undersigned, do hereby authorize officials of Fourteen Holy Helpers School to contact (directly the persons named on this card) and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. To best meet health and safety needs of my child, the nurse **May**  **May Not**  share relevant health information with appropriate school personnel. This information will be kept confidential. In the event that physicians, other persons name on this card, or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment. for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_