

EMERGENCY DATA INFORMATION



School Year: 2010-2011

Student Grade: _____

Child's Name (Last, First & Middle): _____ **Child's Date of Birth:** _____

Household Information

Address: _____

City: _____ State: _____ Zip: _____

Household Phone: _____

Parent 1 / Legal Guardian Name: _____

Phone1: _____ Phone2: _____ Phone3: _____

Please label phone numbers with 'c' for cell, 'b' for business or 'p' for pager.

Email (primary): _____ Email (other/optional): _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Parent 2 / Legal Guardian Name: _____

Phone1: _____ Phone2: _____ Phone3: _____

Please label phone numbers with 'c' for cell, 'b' for business or 'p' for pager.

Email (primary): _____ Email (other/optional): _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (notify this person if parent cannot be reached)

Name (First and Last): _____

Phone1: _____ Phone2: _____

Health Information

Name of Child's Physician: _____

Phone: _____

Hospital or Preferred Facility (for emergency treatment): _____

Health Ins. Name: _____ Group No.: _____ Policy No.: _____

"I give permission to the Academy of the Sacred Heart, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for my child. I agree to pay any and all charges which may become necessary during any emergency treatment."

AUTHORITY: Act 116 of P.A. 1973
COMPLETION: Required
PENALTY: Rule Violation Citation.

Parent/Guardian Signature: _____ Date: _____

Child's Allergies (if any): _____

Daily Medication (if any): _____

Date of Child's last Tetanus Shot: _____

Any physical condition that would affect your child's normal progress in a classroom and physical education setting?

No Yes (explain) _____

The following are authorized to pick up my child from school:

1. _____ 2. _____ 3. _____

My child will be picked up at the: _____ Lower School Entrance _____ Portry Entrance _____ Field House Entrance

I affirm the information on this sheet is accurate.

Parent/Guardian Signature: _____ Date: _____