
ST. JAMES SCHOOL, MCMINNVILLE, ARCHDIOCESE OF PORTLAND

Student/Youth Emergency Information and Procedure Form

Student Name _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

School Attending **St. James School** Date of Birth _____ Grade Level _____

In case of illness, accident, or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc. in the order of desired action you wish us to take).

___ Contact _____ Day Phone # _____ Other Phone # _____

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___ If Above cannot be located, contact _____ Phone # _____

___ Contact Family Physician (if possible) _____ Phone # _____

___ Take student to the nearest emergency hospital

___ Other _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc) _____

Is the child presently on any medications? Yes No

If yes, state name, dosage, reason for drug and prescription physician _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, or special health problems that would help emergency personnel care for your child or which may require special attention _____

Name of Medical Insurance Co. _____ Group ID Number _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date
