



## St. James School Emergency Form 2023-2024

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*In case of serious accident, 911 and the parents will be called. In case of an emergency which needs immediate attention and neither parent/guardian can be reached, I give permission to St. James School to contact and send the above-named child to the persons listed below, or, if necessary, to the doctor and/or hospital. I assume full responsibility if my child needs medical attention and assume any ambulance and medical expenses. I also give permission for school and/or Extended Care personnel to administer CPR and/or first aid if deemed necessary.*

Father/Guardian Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Mother/Guardian Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_

2<sup>nd</sup> contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3<sup>rd</sup> contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

4<sup>th</sup> contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Relation: \_\_\_\_\_



**Medical Information:**

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Medical Insurance Co.: \_\_\_\_\_

Group ID Number: \_\_\_\_\_

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*

\_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_