



St. James School Emergency Form 2025-2026

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: _____

2nd contact: _____

Day Phone: _____ Relation: _____

3rd contact: _____

Day Phone: _____ Relation: _____

4th 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 _____