

ST. JAMES SCHOOL, MCMINNVILLE, ARCHDIOCESE OF PORTLAND

Student/Youth Emergency Information and Procedure Form

Student Name _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

School/Extended Care Attending: **St. James School** Date of Birth _____ Grade Level _____

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.

1st contact _____ Day Phone # _____ Relation _____

2nd contact _____ Day Phone # _____ Relation _____

3rd contact _____ Phone # _____ Relation _____

4th contact _____ Phone # _____ Relation _____

5th contact _____ Phone # _____ Relation _____

Doctor's Name _____ Phone # _____

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 _____

Parent/Guardian Signature _____ Date _____