

Sacred Heart School

Emergency Information Form

School Year: 20____ - ____

Family Name: _____

Mother's Name _____

Father's Name _____

Guardian's Name _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Mother (Home): Phone _____ Mother (cell): Phone _____

Mother (Work): Phone _____

Father (Home): Phone _____ Father (cell): Phone _____

Father (Work): Phone _____

In the event of an emergency for your child, and neither mother or father can be reached, is there a 3rd party (relative or friend) that could/should be called? YES NO

Name of 3rd party _____

Phone# _____

Address _____

Doctor _____ Phone _____

Life threatening health information will be shared with building staff members who work with your student. If you do not want to have non-life threatening health information shared with staff members, other than the principal and school nurse/office, please send written documentation to the school nurse.

During normal school hours in life threatening situations, 911 will be called. If severe Asthma or Allergic reaction occurs, 911 will be called, injected Epinephrine will be administered, followed by nebulized Albuterol. Please inform the school nurse/office in writing if your student has a medical condition that would require this not to be implemented.

Hospital Emergency: In the event of a serious emergency requiring **emergency room or hospital treatment** for your child, and in the event that neither parent can be reached to sign for hospital or emergency room care, do you give to an administrator and/or teacher/moderator/coach of Sacred Heart School the right to sign the necessary admittance forms for your child to be treated in the emergency room?

Yes _____ No _____

Parent's Signature _____

Date _____