

# Falls City Sacred Heart Catholic School Emergency Contact 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's phone (home): \_\_\_\_\_ Mother's phone (cell) \_\_\_\_\_ Mother's phone (work): \_\_\_\_\_

Father's phone (home): \_\_\_\_\_ Father's phone (cell) \_\_\_\_\_ Father's phone (work): \_\_\_\_\_

In the event of an emergency for your child, and mother and father cannot be reached, is there a 3<sup>rd</sup> party relative or friend that could/should be called?

Name of 3<sup>rd</sup> party \_\_\_\_\_

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

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

**If severe asthma or allergic reaction occurs, 911 will be called; injected Epinephrine will be administered, followed by nebulized Albuterol. \_\_\_\_\_ Yes \_\_\_\_\_ No**

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

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

*Falls City Sacred Heart Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, policies, scholarship and loan program, and athletic and other school-administered programs.*