

FALLS CITY SACRED HEART CATHOLIC SCHOOL

1820 FULTON STREET, FALLS CITY, NE 68355 402.245.4151

EMERGENCY CONTACT INFORMATION

School year: 20____

Family Name: _____

Mother's name: _____

Father's name: _____

Guardian's name: _____

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 3rd party relative or friend that could/should be called?

Name of 3rd party _____

Phone: _____

Doctor: _____ Phone: _____

In the event of a severe asthma or allergic reaction the school's protocol will be followed. The school's protocol states: "911 will be called, injected Epinephrine will be administered, followed by nebulized Albuterol." If you wish for your child to not follow the school's protocol, please mark "no" and a form will be sent home for you to fill out what the school's plan of action should be for your child.

_____ **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.