

Archdiocese of Galveston-Houston Catholic Schools
STUDENT EMERGENCY INFORMATION CARD
20__-20__

STUDENT NAME: _____
 (Last) (First) (MI.) (Date of Birth) (Age) (Sex) (Grade)

Father/Guardian Name: _____ Mother/Guardian Name: _____

Address: _____ Address: _____
 (Street) (City/State) (Zip) (Street) (City/State) (Zip)

Home Phone: _____ Home Phone: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

**LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY
 WHEN PARENT/GUARDIAN CANNOT BE REACHED**

Contact Name:	Telephone #'s			Relationship	Employer
_____	(Home)	(Work)	(Cell)	_____	_____
_____	(Home)	(Work)	(Cell)	_____	_____
_____	(Home)	(Work)	(Cell)	_____	_____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ OFFICE#: _____

DENTIST'S NAME: _____ OFFICE#: _____

INSURANCE CARRIER: _____ GROUP POLICY#: _____

ALLERGIES (drugs, food, environmental): _____

MEDICAL CONDITIONS (ex. Diabetes): _____

MEDICATION TAKEN DAILY OR AS NEEDED (name, dosage & frequency): _____

I, _____, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel N DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, **Saint Jerome School** and any other of their officers, agents, employees or representatives ("Released parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

 Signature of Parent/Guardian

 Date Signed