

STUDENT EMERGENCY INFORMATION CARD

Archdiocese of Galveston-Houston

20 _____ 20 _____

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

FATHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN NAME: _____
ADDRESS: _____ ADDRESS: _____
EMAIL: _____ EMAIL: _____
CELL PHONE: _____ CELL PHONE: _____
FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____
WORK PHONE: _____ WORK PHONE: _____

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

EMERGENCY CONTACTS

NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ PHONE: _____
DENTIST NAME: _____ PHONE: _____
INSURANCE CARRIER: _____
POLICY #: _____ GROUP#: _____
PREFERRED HOSPITAL: _____ PHONE: _____
ALLERGIES (drugs, food, environmental): _____

MEDICAL CONDITIONS (ie: diabetes): _____
MEDICATION TAKEN DAILY TO REPORT TO EMT IN CASE OF AN EMERGENCY: _____

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 any of the emergency contacts 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 Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, _____ 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.

Parent/Guardian Signature: _____ Date: _____