EMERGENCY MEDICAL CARD

Note to Parents: Please complete and return this form to school. Any changes during the current school term should be sent on writing to the principal. Please print and use ink. Thank you.

Student's Name_____Birth Date_____Homeroom #_____
Last First Middle

Address_____City _____Zip _____Home phone_____

In case of illness or injury to the child named above, please indicate person to contact in order of preference.

( ) Mother's Name_____Home #_____Work #_____Cell # _____

( ) Father's Name_____Home #_____Work # _____Cell # _____

In case we are unable to reach Parents in an emergency, please provide the following information for a **local** contact person:

Name_____Relationship _____Phone 1_____

Phone 2 _____

Student's Physician _____ Phone_____

Please list other SCHOOL AGE children at St Thomas More School in family:

Name _____Grade_____Name_____ Grade_____

Name _____Grade_____Name_____ Grade_____

If student is allergic to certain drugs or has other serious allergic conditions, please list: _____

_____

If student is taking medications, please list: _____

IN CASE OF AN EMERGENCY INVOLVING MY/OUR CHILD,_____, AND NO CONTACT INDICATED ON THIS EMERGENCY MEDICAL CARD CAN BE REACHED, I/WE GIVE PERMISSION TO THE SCHOOL PERSONNEL TO ARRANGE FOR THE STUDENT TO BE TAKEN TO THE NEAREST EMERGENCY ROOM AND I/WE AUTHORIZE THE HOSPITAL PERSONNEL TO ADMINISTER ANY NECESSARY MEDICAL CARE.

Date _____ Signature of Parent/Guardian_____

Rev. 8/05