



# EMERGENCY/ILLNESS INFORMATION



PLEASE PRINT CLEARLY

Student's Last Name	First Name	Religion	DOB	SEX	Grade	Race
1.			/ /			
2.			/ /			
3.			/ /			
4.			/ /			
5.			/ /			
Student's Address:						
Preferred Phone:			Home Phone:			
Preferred Email:						

## Mother's Information

Name:	Cell:	Work:
Email:		
Full Address:	Occupation:	
	Employer:	

## Father's Information

Name:	Cell:	Work:
Email:		
Full Address:	Occupation:	
	Employer:	

## Legal Guardian's Information

Name:	Cell:	Work:
Email:		
Full Address:	Occupation:	
	Employer:	

The following people **DO NOT** have permission to pick-up my child(ren) at any time, or for any reason:

1.	2.
3.	4.

Additional/Local Emergency Contacts Authorized to **pick up** your children/students  
A picture id or school issued placard will be required to pick up children/students.

1. Name:	Cell:	Work:
Full Address:		Relationship:
2. Name:	Cell:	Work:
Full Address:		Relationship:
3. Name:	Cell:	Work:
Full Address:		Relationship:
4. Name:	Cell:	Work:
Full Address:		Relationship:

### Student's Medical Information

Physician's Name:	Physician's Phone:
Health Insurance Co.:	Member ID:
Dentist/Practice:	Dentist Phone:
Medical Conditions:	
Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency:	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:	

**Agreements:** If emergency treatment is needed and parents/legal guardians cannot be reached immediately, your signature in the space below empowers Sacred Heart Academy authorities to exercise their own judgement, calling your physician/dentist listed above or if not available, to transport the child to a hospital or emergency room.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If any information should change at any time during the school year, **please** notify the Academy immediately. Thank You!