

EMERGENCY FORM

**DIOCESE OF DAVENPORT
SCHOOL NAME**

TO: Parents/Guardians
FROM: (put your name here), Principal
RE: Record Update and Emergency Information for 2005-2006

PLEASE COMPLETE THIS FORM TODAY

Student's Name: _____ Grade: _____

Birth Date: _____ Home Phone: _____

Address: _____

Father: _____ Business Phone: _____
Fathers name and employer Cell Phone: _____

Mother: _____ Business Phone: _____
Mothers name and employer Cell Phone: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

Babysitter Name: _____ Phone: _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN LISTED AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN LISTED AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

Signature of Parent/Guardian Date: _____

I DO NOT WANT EMERGENCY CARE FOR MY CHILD I WANT TO BE CONTACTED.

Signature of Parent/Guardian Date: _____

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SPECIFIC REMARKS: _____

ALLERGIES: (Please be specific...Medications, foods, plants, etc.)

MEDICATIONS YOUR CHILD IS PRESENTLY TAKING: _____

EXISTING MEDICAL CONDITION: _____

Local Physician's Name: _____

Address: _____ Phone: _____

Other telephone numbers: _____

Medical Insurance Information:

Company Name: _____

Company Number: _____