

ARCHDIOCESE OF ALLENTOWN
Student/Youth Emergency Information and Procedure Form

Student Name _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

School Attending _____ Date of Birth _____ Grade level _____

Parent(s)/Guardian(s) _____

Person with whom student is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Allentown and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1,2,3, etc., in the order of desired action you wish to take).

Contact _____, Day Phone # _____ Other Phone # _____

Contact _____, Day Phone # _____ Other Phone # _____

If Above Cannot Be Located, Contact _____ Phone # _____

Contact Family Physician (if possible) _____ Phone # _____

Take Student to Nearest Emergency Hospital _____

Other _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is the child presently on any medications? Yes No If so, state name, dosage, reason for drug and prescription physician _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention

Name of Medical Insurance Company _____

Group or I.D. Number _____

I authorize the Archdiocese of Allentown and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature Date

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE