

Student Emergency Form
St. Pius V Catholic School

In case of emergency, list contact person(s) and their relationship to you:

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Medical Information

Doctor Name: _____

Phone: _____

Hospital/Office Location: _____

Insurance Carrier: _____

Group Policy #: _____

Allergies (Medication, Food, Environment): _____

Medical Conditions (i.e. Diabetes, Asthma, etc.): _____

Medications Needed: (Name and Dosage): _____

Hospital Preference (in the event of an emergency)

***If no Hospital Preference is listed, in the event of an emergency, I hereby authorize St. Pius V School administration to have my child transported to the nearest hospital/emergency care center and to contact my physician and me or one of the individuals 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.

Comments and/or concerns: _____

Mother's Information	Father's Information
Name	Name
Address	Address
City, State, Zip code	City, State, Zip code
Home Number	Home Number
Work Number	Work Number
Cellular Number	Cellular Number
E-Mail Address	E-Mail Address

Parent to contact in case of emergency: _____

I give the following individuals authorization to pick up my child.

Name _____ Work # _____

Home # _____ Cell # _____

Name _____ Work # _____

Home # _____ Cell # _____

Name _____ Work # _____

Home # _____ Cell # _____

Name _____ Work # _____

Home # _____ Cell # _____