

STUDENT EMERGENCY INFORMATION CARD

2011-2012
Due Date: July 28, 2011

STUDENT

NAME: _____ (Last) _____ (First) _____ (MI) _____ (Date of Birth) _____ (Age) _____ (Sex) _____ (Grade)

Social Security Number: _____ Weight _____ Height _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Address: _____ (Street) _____ (City/State) _____ (Zip) Address: _____ (Street) _____ (City/State) _____ (Zip)

Home Phone: _____ Home Phone: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACTS

(List persons to be contacted when parent/guardian cannot be reached)

Contact Name	Telephone #'s	Relationship	Employer
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____
_____	(Home) _____ (Work) _____ (Cell) _____	_____	_____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ OFFICE #: _____ EMERGENCY #: _____

DENTIST'S NAME: _____ OFFICE #: _____ EMERGENCY #: _____

INSURANCE CARRIER: _____ GROUP POLICY #: _____

FOOD ALLERGIES (e.g., nuts): _____

OTHER ALLERGIES (drugs, environmental): _____

TREATMENT FOR ALLERGIES: _____

MEDICAL CONDITIONS (e.g., asthma) OR DISABILITIES: _____

MEDICATION TAKEN DAILY OR AS NEEDED (name, dosage, & frequency): _____

DAILY MONITORING REQUIRED: _____

(Special forms are required for: severe allergies, administration of Epi-pens, diabetic medication, or self-administration & carrying of asthma medication; contact SCM's Health Coordinator.)

I, _____, do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons 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.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel N. DiNardo, Cardinal of the Archdiocese of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, St. Catherine's Montessori School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Signature of Parent/Guardian
Diocesan Health Manual Revised June 2011 SCM

Date Signed