

School Year: **2020-2021**

Mary Queen of Apostles EMERGENCY CARD

**Please tell us who to contact
FIRST in case of illness or injury:**
PRIMARY CONTACT NAME/NUMBER:

SECONDARY NAME/NUMBER:

Grade: _____
Teacher: _____
School District: _____
Bus Number: _____
Date of Birth: _____

*PLEASE NOTE PARENTS WILL BE CALLED
FIRST UNLESS OTHERWISE NOTED IN THE
BOX TO THE RIGHT.*

STUDENT LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **HOME PHONE:** (____) _____ - _____

Father's Name: _____ Employer: _____

Work Phone: : (____) _____ - _____ Cell Phone: : (____) _____ - _____

Mother's Name: _____ Employer: _____

Work Phone: : (____) _____ - _____ Cell Phone: : (____) _____ - _____

CUSTODY: With whom does the child live? Mother _____ Father _____ Both _____ Other: _____
Who has custody of the child? Mother _____ Father _____ Both _____ Other: _____

IS THERE A CUSTODY AGREEMENT ON FILE? Yes _____ No _____

Alternate Emergency Contacts – these individuals will be called in the order listed if parents cannot be reached.

Name/Relationship: _____ Phone: (____) _____ - _____

Name/Relationship: _____ Phone: (____) _____ - _____

My child is on medication for _____

Name of medication: _____ **Dosage:** _____

Required during school hours: Yes _____ No _____

It is necessary to inform the school of any medical conditions such as seizures, asthma, diabetes, heart condition, allergies, emotional concerns: _____

Since the care and treatment of any child is primarily a parent responsibility, I understand that every effort will be made to contact parent or guardian in the event of a serious illness or injury. If the school is unable to reach us, I hereby authorize the school to call 911 and have the student transported to the Emergency Room of _____ at my expense.

If the illness or injury is considered minor, the school nurse, teacher or designee is permitted to administer standard first aid.

The school physician/dentist or designee has my permission to do the require health examinations/screening if the **appropriate form has not been completed by my private physician/dentist and returned to the school nurse.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

In case of an emergency early dismissal: Send child home with parents _____
Send child home with alternate emergency contact _____