

**DIOCESE OF ALLENTOWN**  
**Emergency Information 2022-2023**

School St. Ann School - Emmaus

**1. FAMILY INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone #(\_\_\_\_) \_\_\_\_\_ Home E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Public School District \_\_\_\_\_  Bus Rider  Walker  Car Rider

**2. PARENT/GUARDIAN INFORMATION**

Student lives with:  Parents  Mother  Father  Other \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Tel. #(\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. #(\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. #(\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Home Tel. #(\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. #(\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. #(\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

**3. CHILD CARE PROVIDER INFORMATION**

Those designated below are authorized to pick up my child from school in an emergency:

Child Care Provider's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. #(\_\_\_\_) \_\_\_\_\_ Work Tel. #(\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. #(\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. LOCAL CONTACT INFORMATION**

1. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. #(\_\_\_\_) \_\_\_\_\_ Work Tel. #(\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. #(\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_  
2. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. #(\_\_\_\_) \_\_\_\_\_ Work Tel. #(\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. #(\_\_\_\_) \_\_\_\_\_ Pager # \_\_\_\_\_ E-Mail \_\_\_\_\_

**5. MEDICAL/PHYSICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Tel. #(\_\_\_\_) \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Second Choice \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Tel. #(\_\_\_\_) \_\_\_\_\_

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.

**OVER**

**STUDENT HEALTH INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ / \_\_\_\_\_ Home Tel.#( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES NO

\_\_\_\_\_ ADD/ADHD \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_\_ Food or Drug Allergy \_\_\_\_\_

\_\_\_\_\_ Bee Sting Allergy \_\_\_\_\_

\_\_\_\_\_ Seizure Disorder \_\_\_\_\_

\_\_\_\_\_ Condition Limiting Physical Education \_\_\_\_\_

\_\_\_\_\_ Migraine Headaches \_\_\_\_\_

\_\_\_\_\_ Other Chronic or Recurrent Conditions \_\_\_\_\_

\_\_\_\_\_ Glasses/Contacts (Please Circle) (When to be Worn) \_\_\_\_\_

\_\_\_\_\_ Presently Taking Medications \_\_\_\_\_

Names of Medication

Reasons for Taking Medication

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Print Name of Parent/Guardian Signature \_\_\_\_\_

Please Print Name of Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please List Siblings and Grades:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_