STUDENT EMERGENCY INFORMATION CARD

Archdiocese of Galveston-Houston

2023 – 2024 SCHOOL YEAR

STUDENT: _____ _____ _____ _____ _____ _____

(Last) (First) (MI) (Date of Birth) (Age) (Sex) (Grade)

FATHER/GUARDIAN NAME:_____

ADDRESS: _____

EMAIL: _____

CELL PHONE: _____

FATHER'S EMPLOYER:_____

WORK PHONE: _____

MOTHER/GUARDIAN NAME:_____

ADDRESS: _____

EMAIL: _____

CELL PHONE: _____

MOTHER'S EMPLOYER:_____

WORK PHONE: _____

***LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED**

EMERGENCY CONTACTS

NAME:_____

PHONE:_____

EMAIL: _____

RELATIONSHIP:_____

NAME:_____

PHONE:_____

EMAIL: _____

RELATIONSHIP:_____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ **PHONE:** _____

DENTIST NAME: _____ **PHONE:** _____

INSURANCE CARRIER: _____

POLICY #:_____ **GROUP#:**_____

PREFERRED HOSPITAL: _____ **PHONE:**_____

ALLERGIES (drugs, food, environmental):_____

_____

MEDICAL CONDITIONS (ie: diabetes):_____

MEDICATION TAKEN DAILY TO REPORT TO EMT IN CASE OF AN EMERGENCY: _____

_____

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 any of the emergency contacts 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 Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, _____ 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.

Parent/Guardian Signature: _____ **Date:**_____