

St. Aloysius School
EMERGENCY INFORMATION

Student Name _____ Date of Birth _____

Grade (as of September) _____

Address _____

Home Phone _____

Parent/Guardian Information

Mother: _____ Father: _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Emergency Contact Information

In the event that we (parents or guardian) cannot be reached, the school staff has my permission to contact either of the people listed below for the care and transport of my child. (Note: only those designated below may pick up your child)

Name: _____ Name: _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Health Information

Allergies (please list all nut, bee sting, food, medication and other) _____

Conditions (Asthma, Diabetes, Seizure disorder, other) _____

Medical Information

Physician _____ Phone _____

Dentist _____ Phone _____

The school nurse has my permission to give the age-appropriate dose, according to label direction, of non-aspirin (acetaminophen) to my child for headache, menstrual cramps, or orthodontic pain, if, in her professional judgement, it is needed.

Signature of Parent/Guardian _____ Date _____

I understand that transportation via ambulance to the nearest hospital may be initiated by the school nurse or by a non-health professional designee of the principal or school nurse in an emergency situation.

Signature of Parent/Guardian _____ Date _____