

ARCHDIOCESE OF PORTLAND
Student/Youth Emergency Information and Procedure Form

Student Name _____ Home Phone # _____
Address _____ City _____ State _____ Zip _____
School Attending _____ Date of Birth _____ Grade Level _____
Parent(s)/Guardian(s) _____
Person with whom student is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3 etc., in the order of desired action you wish us to take).

- Contact _____, Day Phone # _____ Other Phone # _____
- Contact _____, Day Phone # _____ Other Phone # _____
- If Above Cannot Be Located, Contact _____ Phone # _____
- Contact Family Physician (if possible) _____ Phone # _____
- Take Student to Nearest Emergency Hospital _____
- Other _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If so, state name, dosage, reason for drug and prescription physician _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention _____

Name of Medical Insurance Company _____

Group or I.D. Number _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____

Date _____

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE

ST. VINCENT de PAUL SCHOOL EMERGENCY CARD

Student's Last Name	First Name	Birthdate	Grade	Home Phone	Cell Phone
---------------------	------------	-----------	-------	------------	------------

Address	City	State	Zip
---------	------	-------	-----

e-mail address

Father or Guardian's Name	Cell Phone	Work Phone	Extension
---------------------------	------------	------------	-----------

Employer	Employer's address
----------	--------------------

Mother or Guardian's Name	Cell Phone	Work Phone	Extension
---------------------------	------------	------------	-----------

Employer	Employer's address
----------	--------------------

The following individual should be contacted in an emergency if I cannot be reached. They also have my permission to pick my child up from school.

Name	Relationship to student	Daytime phone
------	-------------------------	---------------

Name	Relationship to student	Daytime phone
------	-------------------------	---------------

Name	Relationship to student	Daytime phone
------	-------------------------	---------------

Name	Relationship to student	Daytime phone
------	-------------------------	---------------