

ST. VINCENT de PAUL SCHOOL EMERGENCY CARD

Student's Last Name	First Name	Birthdate	Grade	Home Phone	Cell Phone
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Address	City	State	Zip
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Date of Last Tetanus Immunization/Booster

Father or Guardian's Name	Cell Phone	Work Phone	Extension
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Employer	Employer's address
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Mother or Guardian's Name	Cell Phone	Work Phone	Extension
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Employer	Employer's address
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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
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Name	Relationship to student	Daytime phone
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Name	Relationship to student	Daytime phone
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Name	Relationship to student	Daytime phone
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2 Sided Form

In case of emergency and the school is unable to reach you, the school is authorized to send your son/daughter to the following physician or dentist. In case of a serious injury, St. Vincent de Paul staff will contact 911 emergency services. St. Vincent de Paul School has my permission to transport my child to a medical facility for emergency treatment if necessary.

Physician to Contact	Address	Phone
Dentist to Contact	Address	Phone

Allergies (food, drugs, insects, etc.)

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.

Insurance arrangements:

It is required that any student participating in activities at St. Vincent de Paul School has insurance that will cover medical costs in case of injury.

_____ I wish to take out the insurance policy offered through St. Vincent de Paul School for my child/ren.

_____ My family is fully covered by insurance carried by the parent or guardian.

Insurance Company Name _____

Policy Number _____

I authorize St. Vincent de Paul School and the Archdiocese of Portland and its representatives to use their judgement in determining emergency care and procedures for my child/ren. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in caring out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____ Date _____