



**MATER DEI CATHOLIC HIGH SCHOOL
EMERGENCY INFORMATION CARD**

Grade: _____ Birthday: _____ School Year: 2012/2013

Student's Name: _____
Last First Middle Home Phone

_____ Address City Zip Code

Mother: _____
Name Work Phone Cell Phone

Father: _____
Name Work Phone Cell Phone

Please indicate another person (s) to contact if parents are unavailable in case of an emergency:
Name Relationship Phone/Cell Phone

1. _____
2. _____
3. _____
4. _____

SIGNIFICANT HEALTH PROBLEMS: FACTS TO KNOW IN CASE FIRST AID TREATMENT IS NECESSARY FOR BEE STING, ALLERGY, EPILEPSY, DIABETES, ETC

Asthma: _____ Inhaler: _____ Permission to carry? _____

Vision Difficulty: _____ Wears Glasses: _____ Contacts: _____ Bones and Joints: _____

Hearing Difficulty: _____ Speech: _____ Emotional: _____ Convulsions or Fainting: _____

Diabetes: _____ Allergies _____ EPI: ___ Penicillin? _____

Additional Information: _____

Medications:

at home? _____ long term? _____

at school? _____ long term? _____

PARENTS' MEDICAL STATEMENT:

In case of injury or illness I hereby give my consent for my son/daughter to have emergency treatment by the school nurse, a hospital physician or whatever treatment is deemed necessary. This permission includes emergency surgery and hospital admission in addition to drugs and X-rays in case I am not available to give permission. I can be reached by phone at the above number or:

Mother: _____ Hours: _____ Work phone: _____ cell: _____

Father: _____ Hours: _____ Work phone: _____ cell: _____

Family Physician _____ Phone No: _____

Medical Insurance Plan _____ # _____

Signature: _____ Date: _____

Parent or Guardian