

# **HOLY TRINITY CATHOLIC ACADEMY**

## **2020-2021 Emergency Information**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Allergic to: \_\_\_\_\_

### **Where can parents be reached if not at home?**

Mother/Guardian #1

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Bus. Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Father/Guardian #2

Name \_\_\_\_\_ Cell# \_\_\_\_\_

Bus. Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

### **If parents cannot be reached, please call:**

Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_

Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Insurance Company \_\_\_\_\_

**(Please turn over)**



Student Medications\_\_\_\_\_

\_\_\_\_\_

Dose/Frequency\_\_\_\_\_

\_\_\_\_\_

Pertinent Medical Information\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization for a Life-threatening Situation or Medical Emergency**

In the event of a life-threatening situation or what the school deems to be a medical emergency, I understand the school will call 911 and request an ambulance or police transport to a hospital for emergency treatment. I further understand the school will make every effort to contact me directly before transport. I understand that I will assume full responsibility for the payment of any transport or emergency medical services rendered. If the situation is not life-threatening, or what the school deems to be a medical emergency, but other attention is needed, I understand that it will be necessary to have the student picked up by a parent, guardian or other approved designee.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

**Medical Information Consent**

The information on this form may be shared confidentially with school staff and emergency responders as needed. I give permission for the release and exchange of information of any health issues between the school nurse and health care providers for confidential use in meeting my child's health and education needs in school.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_