

SAINT MICHAEL SCHOOL
21 Sixth Street
Lowell, Ma 01850
978 453 9511
EMERGENCY INFORMATION FORM (2008 – 2009)

PLEASE PRINT THE REQUIRED INFORMATION

Grade/Teacher _____

Student's Name: _____
Last First

Sex: Female _____ Male _____ Date of Birth _____ Primary Language _____

Address: _____

Street City State Zip
Telephone #: (Home) _____ (Mom Cell#) _____ (Dad Cell#) _____

Mother's Name: _____ Father's Name: _____ Guardian Name: _____

Employment (Mom) _____ Employment Phone#(Mom) _____

Employment (Dad) _____ Employment Phone# (Dad) _____

E-Mail Address: _____
(HOME) (WORK)

Ethnicity: White _____ Hispanic _____ Asian _____ Vietnamese _____ Cambodian _____ African American _____ Other _____

IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT, PARENT OR GUARDIAN CANNOT BE REACHED, THE SCHOOL IS AUTHORIZED TO CONTACT THE FOLLOWING TO PICK UP OR ASSIST MY CHILD.

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

In case of medical emergency, does the school have your permission to take your child to the nearest hospital?

YES _____ NO _____ Physician's Name _____ Phone Number _____ Hospital _____

Medical Insurance Carrier and Policy Number _____

To better serve children's medical and physical needs, please check the following that pertain to your child:

_____ Heart Condition	_____ Autism	_____ Hearing	_____ Vision/Glasses
_____ Cerebral Palsy	_____ Asthma	_____ Spina Bifida	_____ Seizure Disorder
_____ Diabetes	_____ Migraines	_____ Lactose Intolerance	_____ ADD/ADHD
_____ Allergies (?)	To What? _____	Other _____	Other _____

Does your child require any emergency medication? (EX. Epi Pen) Yes: _____ No: _____

Name of medication: _____ **Dosage** _____

Is your child allergic to any medication? _____ What medication _____

Is your child on daily medication for; _____ asthma? _____ ADD/ADHD? _____ other _____

Does your child require any special nursing procedures during the school day? _____

If so, what is the procedure? _____ How often is it performed during school hours? _____

Please record how your child is transported to and from school: _____ WALK _____ Gets picked up & dropped off

Parent/Guardian signature _____ Date: _____