St. Aloysius School
EMERGENCY INFORMATION

Student Name____________________ Date of Birth__________

Grade (as of September)____________________

Address____________________

Home Phone____________________ Fax__________

Parent/Guardian Information

Mother:____________________ Father:____________________

Bus. Address____________________ Bus. Address____________________

Bus. Phone____________________ Bus. Phone____________________

Cell/Beeper____________________ Cell/Beeper____________________

Emergency Contact Information

In the event that we (parents or guardian) cannot be reached, the school staff has my permission to contact either of the people listed below for the care and transport of my child. (Note: only those designated below may pick up your child)

Name:____________________ Name:____________________

Address____________________ Address____________________

Phone____________________ Phone____________________

Cell/Beeper____________________ Cell/Beeper____________________

Health Information

Allergies (please list all nut, bee sting, food, medication and other)__________

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Conditions (Asthma, Diabetes, Seizure disorder, other)__________

Medical Information

Physician____________________ Phone____________________

Dentist____________________ Phone____________________

The school nurse has my permission to give the age-appropriate dose, according to label direction, of non-aspirin (acetaminophen) to my child for headache, menstrual cramps, or orthodontic pain, if, in her professional judgement, it is needed.

Signature of Parent/Guardian____________________ Date__________

I understand that transportation via ambulance to the nearest hospital may be initiated by the school nurse or by a non-health professional designee of the principal or school nurse in an emergency situation.

Signature of Parent/Guardian____________________ Date__________