

STUDENT EMERGENCY CARD

Form to be returned at the Back to School Event Sunday, August 27th

Name of Student _____ Grade _____
Address _____ City _____ Zip _____
Primary Email Address _____ Ethnicity _____
Student Date of Birth _____ School District where you reside _____
Parish _____ City _____

Parents:

Mother: Name _____ Place of employment _____
Home # _____ Cell# _____ Work# _____
Additional email addresses _____

Father: Name _____ Place of employment _____
Home # _____ Cell# _____ Work# _____
Additional email addresses _____

Please list at least three LOCAL contacts other than PARENTS:

I authorize Our Lady of the Angels School to release my child/ren to the person designated below in accordance with Our Lady of the Angels Emergency Plan.

**IN CASE OF EMERGENCY, PLEASE CALL IN THE FOLLOWING ORDER

1. NAME _____ RELATIONSHIP TO STUDENT _____ CELL _____
ADDRESS _____ WORK PHONE# _____ HOME PHONE# _____
2. NAME _____ RELATIONSHIP TO STUDENT _____ CELL _____
ADDRESS _____ WORK PHONE # _____ HOME PHONE # _____
3. NAME _____ RELATIONSHIP TO STUDENT _____ CELL _____
ADDRESS _____ WORK PHONE # _____ HOME PHONE # _____

Parents will always be contacted first.

(OVER)

****Daily Mode of Transportation** _____

If car rider, Primary Pickup _____ Relationship to Student _____

Driver Phone (cell/home/work) _____

ALL CHANGES TO MODE OF TRANSPORTATION REQUIRE A NOTE

MEDICAL CONCERNS:

ALLERGIES _____

MEDICAL CONDITIONS _____

CURRENT MEDICATIONS _____
(TYPE & REASON) _____

NAME OF DOCTOR _____ PHONE # _____

NAME OF DENTIST _____ PHONE # _____

HOSPITAL PREFERENCE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____