

Family Name

school.

STUDENT EMERGENCY CARD 2017-2018

Home Phone

OVER _____

Address			
City/Zip			
ather's Name	Day Phone	Cell#	
Mother's Name	Day Phone	Cell#	
Mother's Nameather's Email Address:	Mother's Email Addres	SS	
NAMES OF CHILDREN AT ST. JOSEF	PH SCHOOL:		
Name:	GrName:		Gr
Name:	GrName:		Gr
Name:	GrName:		Gr
n case of illness, accident or emergency to	the student(s) listed above, or in case of	t early school closure,	
St. Joseph School is authorized to contact the	he following if parents/guardians cannot	be reached:	
Name	Day Phone	Cell	
Name	Day Phone	Cell	
Name	Day Phone	Cell	
Way Home: Family Car My child/ren may also be picked up from	ı school by:		
Name	Day Phone	Cell	
Name	Day Phone	Cell	
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t.JOSEPH Catholic school Eamily Name Address	Home Ph	_	
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t.JOSEPH Family Name Address City/Zip Father's Name	Home Ph Day Phone	one Cell#	
Tather's Name Mith · Knowledge · Virtue Lose Ph Tatholic school Tamily Name Address City/Zip Tather's Name Mother's Name	Home Ph Day Phone Day Phone	oneCell#Cell#	
Eather's Name Sather's Small Address: Sather's Email Address:	Day Phone Day Phone Mother's Email Address	oneCell#Cell#	
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Please complete both front and back of card. This card must be returned to the school office prior to the first day of

Medications & Allergies

Child's Name:	Child's Name:
Allergies:	Allergies:
Medications currently taking:	Medications currently taking:
Will medications need to be dispensed at school?	Will medications need to be dispensed at school?
Yes No	Yes No
Physician	Phone
Any medical condition that we should be aware of:	
Other Comments:	
□ Take child to nearest hospital in case of emergency	
I authorize St. Joseph School and the Archdiocese of Portland emergency care and procedures for my child/ren. I also unders obligation for expenses incurred in carrying out emergency pro-	stand and agree that the Archdiocese assumes no financial
Medic	cations & Allergies
Child's Name:	Child's Name:
Allergies:	Allergies:
Medications currently taking:	Medications currently taking:
Will medications need to be dispensed at school?	Will medications need to be dispensed at school?
Yes No	Yes No
Physician	Phone
Any medical condition that we should be aware of:	
Other Comments:	
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Parent/Guardian Signature	 Date