



OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL
CLINIC COPY Student Emergency Card

Student Name:		Grade:		Birth Date:	/	/	/
Address:		City:		TX	Zip:		

To serve your child ***IN CASE OF EMERGENCY, accident or sudden illness,***
it is necessary that you furnish the following information for emergency calls:

MOTHER:		FATHER:	
Occupation		Occupation	
Home #		Home #	
Work #		Work #	
Cell #		Cell #	
Pager #		Pager #	

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

NAME:		NAME:	
ADDRESS		ADDRESS	
Home #		Home #	
Work #		Work #	
Cell #		Cell #	

ALLERGIES: (drug food etc.)	

MEDICATION TAKEN DAILY OR AS NEEDED (please include name of medication, dosage and frequency)

DAILY MONITORING REQUIRED (glucose + monitoring) _____

HEALTH INFORMATION: List any health conditions (heart disease, diabetes, epilepsy, eye/ear problems, or chronic condition):

Doctor's Name:		Office #	
Dentist's Name:		Office #	

I, the undersigned, do hereby authorize officials of **OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL** to contact directly the persons named on this card, and do authorize the named physician/dentist to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician/dentist, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

Signature _____ Date _____
1/12/2017