

**DIOCESE OF ALLENTOWN**  
**Emergency Information 2022 ~ 2023**

**ST. MICHAEL THE ARCHANGEL SCHOOL**

**1. FAMILY INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone #(\_\_\_\_) \_\_\_\_\_ Home E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Public School District \_\_\_\_\_  Bus Rider  Walker  Car Rider

**2. PARENT/GUARDIAN INFORMATION**

Student lives with:  Parents  Mother  Father  Other \_\_\_\_\_  
Father's/Guardian's Name \_\_\_\_\_ Home Tel. # (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Home Tel. # (\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

**3. CHILD CARE PROVIDER INFORMATION**

Those designated below are authorized to pick up my child from school in an emergency:  
Child Care Provider's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. LOCAL CONTACT INFORMATION**

1. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
2. Local Contact's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Tel. # (\_\_\_\_) \_\_\_\_\_ Work Tel. # (\_\_\_\_) \_\_\_\_\_ (ext.) \_\_\_\_\_  
Cell Tel. # (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**5. MEDICAL/PHYSICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Second Choice \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.

**STUDENT HEALTH INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ / \_\_\_\_\_ Home Tel.#(\_\_\_\_) \_\_\_\_\_

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES      NO

\_\_\_\_\_      \_\_\_\_\_      ADD/ADHD \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Asthma \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Diabetes \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Food or Drug Allergy \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Bee Sting Allergy \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Seizure Disorder \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Condition Limiting Physical Education \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Migraine Headaches \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Other Chronic or Recurrent Conditions \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Glasses/Contacts (Please Circle) (When to be Worn) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Presently Taking Medications

Names of Medication

Reasons for Taking Medication

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name of Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name of Parent/Guardian Signature

\_\_\_\_\_  
Date

Please List Siblings and Grades:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_