



SINCE 1871

### STUDENT EMERGENCY FORM 2011-2012

Date \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_  
Birth Date \_\_\_\_\_

DIOCESE OF CORPUS CHRISTI

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Name Business Telephone Number Cell Telephone Number  
Mother \_\_\_\_\_

Father \_\_\_\_\_

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

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

DOCTOR: 1st choice \_\_\_\_\_ Telephone Number \_\_\_\_\_ 2nd choice \_\_\_\_\_ Telephone Number \_\_\_\_\_

HOSPITAL CHOICE: Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

I, the undersigned, do hereby authorize officials of **Incarnate Word Academy-Middle Level** to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, 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 or the Diocese of Corpus Christi financially responsible for the emergency care and/or transportation for said child.

I understand that this is a permanent emergency record for this school year, and I will furnish the school with any changes in the information on this card.

Student's Last Name First Initial Signature of Parent or Guardian