

St. John Child Care - Student Emergency Care Form

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

Sex \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_  
Name of Business \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_  
Name of Business \_\_\_\_\_

Person(s) authorized to pick up child AND to call in Emergency when Parent's cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_\_\_\_  
Choice of Hospital \_\_\_\_\_ Insurance Company \_\_\_\_\_

Has child had any drug/food/environmental/etc. allergies: \_\_\_\_\_  
Any additional medical information: \_\_\_\_\_  
List daily medications: \_\_\_\_\_

If any emergency arises, the center will try to contact the student's mother or father. If neither of these can be reached, I give permission to Dr. \_\_\_\_\_ to be wholly responsible for the care of my child. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_