

**ST. PAUL PARISH SCHOOL EMERGENCY INFORMATION FORM 2011-12 (Please Print) Page 1**

**Student Name** \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone# \_\_\_\_\_ (New? \_\_\_)  
Last First City State Zip  
Address (New? \_\_\_)  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Church/Parish: \_\_\_\_\_ Student Religion: \_\_\_\_\_

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below.  
Please thoroughly complete the following information and the **ORDER YOU WISH TO BE CALLED**:

**Mother/Guardian** \_\_\_\_\_  Home Phone# \_\_\_\_\_  
Student Living with Mother/Guardian? Yes No (circle one)  
Home Address \_\_\_\_\_  Cell Phone# \_\_\_\_\_  
City State Zip  
Mother Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  Work Phone# \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Student Living with Father/Guardian? Yes No (circle one)  
Home Address \_\_\_\_\_  Cell Phone# \_\_\_\_\_  
City State Zip  
Father Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  Work Phone# \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_

**Father e-mail Address** \_\_\_\_\_  
**Mother e-mail Address** \_\_\_\_\_

**Emergency Contacts:**  
Name \_\_\_\_\_ Day Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Day Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Alternate Drivers:**  
Name \_\_\_\_\_ Day Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Name \_\_\_\_\_ Day Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**After-school Day Care Facility** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**ST. PAUL PARISH SCHOOL EMERGENCY INFORMATION FORM**

Baptism: \_\_\_\_\_

Date

Church

City

State

Holy Eucharist: \_\_\_\_\_

Date

Church

City

State

**MEDICAL INFORMATION: Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Authorization to take student to the nearest emergency hospital? Yes No (circle one)

Is child presently on any medications? Yes No If yes, state name, dosage, reason for drug and prescription.

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child, or which may require special attention: \_\_\_\_\_

**Name of Medical Insurance Company** \_\_\_\_\_ **Policy**

**#** \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

\*\*\*\*\*

**SIBLING INFORMATION** Please provide the names and dates of birth for other children living in your home. This is for future projections and security reasons.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NOTES: \_\_\_\_\_