

**STUDENT EMERGENCY CARD**  
**Please fill in All Information**  
**(This form must be completed every school year.)**

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

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

Home Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother/Guardians Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father/Guardians Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Step Parent's Name (If Applicable): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child Resides with: \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Emergency Contacts:** In case child/ren listed above becomes ill or injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody at one of the following

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

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

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

Those not permitted to remove child/ren from site (submit copy of court order)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**The NCEA requests the following information for statistical purposes. Please circle all that apply.**

Religion: Catholic    Non Catholic

Ethnicity: Asian, American Indian/Native Alaskan, Black/African American, Hispanic, Native Hawaiian/Pacific Islander, White and Multi-racial

**Student Emergency Card**  
**All Information MUST be filled out**  
**Page 2**

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

My child receives regular care for the following medical conditions:

\_\_\_ No medical condition

\_\_\_ Yes

Please check below:

\_\_\_ Allergy    \_\_\_ Bee Sting    \_\_\_ Food    \_\_\_ Medications    \_\_\_ Other

List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Last reaction: \_\_\_\_\_

\_\_\_ Asthma    \_\_\_ Diabetes    \_\_\_ Heart Disease    \_\_\_ Sickle Cell Anemia    \_\_\_ Cancer

\_\_\_ Leukemia    \_\_\_ Hearing Problem    \_\_\_ Rheumatic Heart    \_\_\_ Vision Problem

\_\_\_ Chronic Cough    \_\_\_ Wheezing    \_\_\_ Hemophilia    \_\_\_ Seizures    \_\_\_ Glasses

\_\_\_ Seizures    \_\_\_ Glasses    \_\_\_ Contacts    \_\_\_ Takes medications    \_\_\_ Other

List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Last Seizure/Surgery: \_\_\_\_\_

Is there any court order restricting access to the student or student's records \_\_\_ Yes, I will provide the school with a certified copy \_\_\_ No

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS

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

\_\_\_\_\_  
Date

**St. Patrick Catholic School  
Emergency Permission Form  
All information MUST be filled out**

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer treatment to my child/ren \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if the situations warrants it.

Hospital Preference: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

My child/ren has health insurance \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type: \_\_\_\_\_ Medicaid or Private \_\_\_\_\_

If private, print your plan information (Name, Address, Phone, Policy #):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

State of Florida  
County of Pinellas

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public

Commission Stamp