

**St. Michael's School
CONTACT AND EMERGENCY INFORMATION FORM**

IDENTIFYING INFORMATION				EMERGENCY CONTACT INFORMATION					
Full Legal Name of Child:				<i>In the case of emergency or serious illness of my minor child, please attempt contact in the order listed below:</i>					
Birthdate:		Grade:		Call 1st:	Name:		Home/Work Phone:		
Parent (Guardian) Names:					Relationship:		Cell: Phone:		
Address Street:				Call 2nd:	Name:		Home/Work Phone:		
Address Apartment No./Other:					Relationship:		Cell: Phone:		
Address City:		State:	Zip code:	Call 3rd:	Name:		Home/Work Phone:		
Home Phone:		Email Address(es)			Relationship:		Cell: Phone:		
Child lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian				Local Hospital Of Choice:					
Who is the Custodial Parent (if applicable)?			Custody Papers On file? Yes No	Physician Of Choice:		Phone:			
Siblings attending this school:				HEALTH INSURANCE INFORMATION					
Adults authorized to pick up my child:	Name:		Phone No.	Company:		Co. Phone:			
				Policy Holder:		Group No.:			
				Holder ID No.:		Plan No.:			
				Policy No.:		Patient (Child) ID No.:			
MEDICAL INFORMATION									
Child's Medical Conditions:		Please list below any medical conditions your child has such as chronic or serious illness; severe allergies or sensitivities including, but not limited to: food, medicine, insects, or heat; asthma; cancer; diabetes, heart condition; respiratory problems; seizures, urinary problems; hemophilia; frequent hospitalizations; vision or hearing difficulties, physical limitations, etc. <input type="checkbox"/> Individual Health Plan for chronic conditions on file (if applicable)			Medications Taken Regularly By Child:		Please list below any medications, treatments, or medical care your child receives on a regular basis that medical personnel may need to know about at the time of treatment for illness or injury. <input type="checkbox"/> Medication Release on file for all medications taken at school.		
CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD									
<p>I understand that in the case of a serious medical emergency, unless the injury/illness appears to be immediately life-threatening, the staff will make reasonable attempts to contact me/us as specified above before authorizing medical treatment. If I/we are not available to give consent, I/we hereby authorize the staff of St. Michael's School to act on my/our behalf, to call 911 emergency services, transport by ambulance, hospitalize; secure proper treatment; authorize injections, anesthesia, x-ray, surgery or other treatment fro my child as deemed necessary by qualified medical personnel. I also understand that the medical information provided will be shared only on a medical "need-to-know" basis among staff and with treating medical personnel.</p> <p>Notice is hereby given to qualified medical personnel that this authorization is currently in effect, and such personnel ar directed to act upon this authorization without delay. I/ we agree to assume financial responsibility for all expenses incurred in any emergency requiring medical attention.</p>									
Parent/Guardian Signature(s):			Relationship(s):			Date:			