

Please list other school age children at St. Thomas More School in your immediate family.

Name _____ Homeroom # _____

Name _____ Homeroom # _____

Name _____ Homeroom # _____

Name _____ Homeroom # _____

IMPORTANT: PLEASE UPDATE THE SCHOOL IMMEDIATELY IF ANY INFORMATION CHANGES.

Please keep a copy of this form for your records.

8/13

2015 - 2016
Diocese of Allentown - St. Thomas More School
Student Emergency Medical Information

Note to Parents: Please complete both sides of this form, and return it to school. Any changes during the current school term should be sent in writing to the principal. Please print and use ink. Thank you.

Student's Name _____ Birth Date _____ Homeroom # _____
Last First Middle

Address _____ City _____ Zip _____ Phone _____

In case of illness or injury to the child named above, please indicate person to contact in order of preference.

() Mother's Name _____ Home # _____ Work # _____ Cell # _____

() Father's Name _____ Home # _____ Work # _____ Cell # _____

Parents/Guardians listed above have permission to pick up my/our child unless otherwise indicated. Immediate notification to the school principal of any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order. The local contacts designated below are also authorized to pick up my child from school in an emergency.

Name _____ Relationship _____ Phone 1 _____

Phone 2 _____

Name _____ Relationship _____ Phone 1 _____

Phone 2 _____

Student Medical/Physical Information: Does your child have a history of any of the following conditions? If so, please explain the type of medical treatment.

YES NO

ADD/ADHD _____

Asthma _____

Diabetes _____

Food or Drug Allergy _____

Bee Sting Allergy _____

Seizure Disorder _____

Condition Limiting Physical Education _____

Migraine Headaches _____

Other Chronic or Recurring Conditions _____

Glasses/Contacts (Please Circle) When to be worn? _____

Presently Taking Medications _____

Names of Medication _____
Reasons for Taking Medication _____

Please check any that apply:

My/Our child does not have any significant health problems at this time

Recent surgery _____

Recent Serious Illness _____

Recent Serious Injury _____

Information for emergency medical treatment:

Doctor's Name _____
Telephone # _____

Hospital Preference _____
2nd Choice _____

Insurance Company _____
Policy # _____
Group # _____

Dentist's Name _____
Telephone # _____

In case of an emergency involving my/our child, _____, and no contact indicated on the reverse side of this form can be reached, I/we give permission to St. Thomas More School personnel to arrange for my/our child to be taken to the nearest emergency room. I/we authorize said emergency room and/or hospital personnel to administer any necessary medical care.

Date _____
Signature of Parent/Guardian _____