

STUDENT EMERGENCY REFERRAL

Student's Name _____ Birth date _____
Last First

Home Address _____ Grade/Teacher _____
_____ Home Phone (____) _____

Father's Name _____ Dad Work Phone (____) _____

E-mail: _____ Other: _____ Phone (____) _____

Mother's Name _____ Mom Work Phone (____) _____

E-mail: _____ Other: _____ Phone (____) _____

If my child becomes ill or injured and I cannot be reached, please call the following people listed in order of preference.

The following are authorized to represent me in making decisions relative to my child's care:

Name of person (relationship to student) (____) daytime phone number

Name of person (relationship to student) (____) daytime phone number

In case of serious accident/injury/EMERGENCY, Good Shepherd School's procedure will be to contact the parent or guardian at home or at work. If that contact cannot be made, Good Shepherd School personnel will call the physician authorized by the parent or 911 for police and emergency medical assistance.

Name of Clinic/Location: _____ Clinic Phone Number :(____) _____

In case of serious accident/injury/illness and I cannot be reached, I hereby authorize Dr. _____ to give the necessary treatment. Call this doctor and/or 911 if necessary.

Parent or Guardian Signature

Date

Please complete other side of card also

Student Health Information

Student's Name _____ Grade/Teacher _____

Illness: List any illness, surgery, or injury of this past year: _____

Date of last physical examination (month/year): _____ Does child wear: glasses contacts neither

List date and type of any immunization or test given this past year: _____

Is your child allergic to any food, medication, or other substance? Describe: _____

VERY IMPORTANT: Please complete the following health information, especially if your child has a health concern or takes medication of any kind. Health concerns include, but are not limited to, *asthma, diabetes, seizures, chronic headaches, allergies, physical limitations, ADD/ADHD* or any other medical condition your child sees a physician for.

I am not aware of any health concerns at this time: _____ (Please initial)

Specify health concern(s): _____

Is child under treatment or taking medication for any concern? Yes No

If yes, please describe or name type of treatment or medication: _____

Does child have any disability? _____ Please explain: _____

A written excuse is required after each absence.

No student will be exempt from physical education, except on the written recommendation from a physician.

(over)