**St. Luke School - 2009/2010 STUDENT EMERGENCY AND HEALTH FORM** Grade: ____________

Student Name: ______________________________ Male ______ Female ______ Date of Birth ________

Home Address: ______________________________ Home Phone: ________

Father's Name: ________________ Mother's Name: ________________
& &
Work Phone: ________________ Work Phone: ________________
& &
Cell Phone/Pager: ________________ Cell Phone/Pager: ________________

Alternate contact: ______________________________ Phone: ________

Alternate contact: ______________________________ Phone: ________

**In case of EARTHQUAKE Name and Phone Number of Out of State Contact:**

Name: Phone: ( )

**Name(s) of person(s) your child may go home with if necessary:**

Name: Address: Phone:

Name: Address: Phone:

Name: Address: Phone:

**The following are special circumstances, concerns, and/or chonic illnesses regarding my child, the school should be aware of including visual, hearing.**

______________________________________________________________

**School personnel may adminster the following to my child: Tylenol ☐ Tums☐ Antibiotic ointment ☐**

Child's Physician: ______________________________ Phone: ________

Physician Address: ______________________________

Preferred Hospital (Medic makes final determination):______________________________

Allergies and Drug Reactions: ______________________________

Regular Medications (Taken at home and/or school) ______________________________

Name of Insurance Company: ______________________________ Phone:

Group #: ________________ Membership # ________________

Employer: ______________________________
This information is accurate:

Parent Signature ______________________________ Date:

**Please complete Medical Care and Treatment of Minor Children Section on other side.**

## CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

In case of medical emergency, this form will be brought with your child to the hospital.

Hospitals may be reluctant to treat or care for child without consent from parents or legal guardians.
This can cause problems if the child has a medical emergency when parents or guardians are not readily available to consent.

I,______________________ the natural parent/leagal guardian of ______________________________
(PLEASE PRINT) (PLEASE PRINT)

authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician and/or a hospital, when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

______________________________ ______________________
**Signature of parent/guardian** **DATE**

______________________________ ______________________
**Signature of parent/guardian** **DATE**